



RECREATION PROGRAM REGISTRATION FORM

(Please print or type as neatly as possible. Fill out completely)

Attention Parents: Do the participants have your permission to walk home after these activities end?

YES or NO Parent Initials: _____

Name/Primary Guardian

Secondary Guardian

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home # () _____

Home # () _____

Work# () _____ Cell: () _____

Work # () _____ Cell # () _____

D.O.B: _____ Age: _____ Sex: _____

D.O.B: _____ Age: _____ Sex: _____

E-Mail: _____

E-Mail: _____

Participant Information:

Family Members:	Date of Birth	Age	Gender (M/F)	Grade	School
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Class registration on back of this form...

<u>Participant Name:</u>	<u>Class Number #</u>	<u>Class Name/Location</u>	<u>Fee</u>
	#		\$

McFun Passes# _____ (Summer Only) **TOTAL: \$**

Refunds are allowed **ONLY PRIOR** to the **SECOND** class meeting and will carry a \$10.00 FEE, per class.
 Transfers are allowed **ONLY PRIOR** to the **SECOND** class meeting at no charge. After second day there is a \$5.00 FEE per class.

In consideration of accepting the participant as named in said program, I do hereby agree to hold harmless the City of McAllen, its agents and employees, also, where applicable, the McAllen Independent School District, its agents and employees, from any and all liability resulting from my participation in the City of McAllen Parks & Recreation Program, whether such liability is caused by accident, third party negligence or the negligence of any of the entities or persons named above.

Photos are periodically taken of participants in a class, during special events, or at various parks and recreation facilities. I understand that these photos are for the Parks and Recreation Department's use only and may be used in future brochures or publications. I do hereby grant permission for pictures to be taken of my child for purposes of publicity.

X SIGNATURE: _____ **DATE:** _____

(If participant is under 18 years of age, a parent/guardian signature is required.)

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Relation: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Secondary Phone: _____

Mail in registrations will not be accepted after the posted deadline (see brochure). Please include a self addressed stamped envelope for registration confirmation and receipt.

MAIL TO: CITY OF McALLEN
 PARKS & RECREATION DEPT.
 P.O. BOX 220
 McALLEN, TX 78505-0220

We accept cash, checks or credit cards (Visa or Mastercard).
Please make checks payable to: CITY OF McALLEN P.A.R.D.

FOR OFFICE USE ONLY: REGISTRAR: _____ DATE: _____ RECEIPT: _____ CASH/CHECK #: _____ VISA/MASTERCARD