

Clovis Area Recreation

REGISTRATION

Use this form to register for Clovis Area Recreation programs (Not applicable to Drop-In Skating). To register, mail-in before program information meeting date (with full payment) to CAR 3495 Clovis Ave. Clovis, CA 93612 or walk-in 10:00 AM to 7:00 PM Monday through Thursday, 10:00 AM to 5:00 PM Friday or 10:00 AM to 4:00 PM Saturday at the Clovis Recreation Center 3495 Clovis Ave., (between Ashlan and Dakota). For questions call CAR at 324-2780.

(*) Signifies Required Information

*Participant's Name _____ *Participant's Date of Birth _____

*Program/ Event _____ Group _____

*Age _____ Grade _____ School _____

*Address _____ *Apt# _____ *City _____ *Zip Code _____

Seasons of organized experience in above activity: 1 2 3 4 5 6

Please circle correct shirt size: Youth: **YS** **YM** **YL** Adult: **S** **M** **L** **XL** **XXL**
(6-8) (10-12) (14-16)

*I _____ hereby waive, release and hold harmless from any liability for
(Adult participant or parent name if under 18)

damages for personal injury including accidental death, as well as from claims for property damage which may arise with the above named activity, against the City of Clovis, its agents, employees, and volunteers. I further permit the use of activity / event photography and / or video for media promotion. Should it be necessary for emergency medical treatment, I hereby authorize the City of Clovis, its agents, employees and volunteers to use their judgment to obtain medical services.

*Signature _____ *Date _____

*Home Phone _____ *Alternate Phone _____ E-mail _____

*For emergencies please contact _____ *Phone _____

Will you Coach? ___ Asst. Coach? ___ Name _____ Phone _____

Coaches must be at least 14 years of age. No experience required, just have a big heart!

Attend the first scheduled program date or meeting; no confirmation will be sent.

Programs are subject to minimum registration or they will be canceled.

Scholarships are available for the economically disadvantaged.

For Office Use Only

Staff Initial _____ Date _____

Ck # _____ Rec. # _____ CC. # _____

Amount _____ Reg. # _____ of _____

Payment Plan Amount _____ Payoff Date _____

Explanation _____

Refund Date _____ Supervisor Initial _____

Extended Registration

<u>Date</u>	<u>Staff</u>	<u>Paid by</u>	<u>Amount</u>	<u>Initial / Date</u>

Expires: Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec