



Participant, if 18 or older, or legal guardian, must complete the form in its entirety before being considered for registration. Please make checks payable to the "City of Goshen" and submit form with payment.

Directions for completing registration: The GPRD uses a household system for activity registrations. Once a household is established, it will be used for all GPRD program registrations and facility rentals. The household number or primary household member's name can be used for online registration also, when available. If you do not already have a household or are not sure if you have a household number please fill out the primary guardian/adult information below completely. If you already have a household number enter your number ONLY below. Continue to the activity registration on the bottom half of the form. Complete the participant name, date of birth, gender and activity name. The staff will complete the activity number and section. Finally, an adult or legal guardian MUST sign the waiver on page 2.

Existing Household # _____ New Household # _____

Primary Guardian/Adult: _____ Date of Birth: _____ Male or Female(circle one)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Emergency Phone: _____

Primary House Hold Email: _____ @ _____

Secondary Guardian/Adult: _____ Date Of Birth: _____ Male or Female(circle one)

Address: _____ City: _____ State _____ :Zip _____

Home Phone _____ Work Phone: _____ Cell Phone _____ Emergency Number _____

ENTER THE FAMILY MEMBERS REGISTERING FOR THE ACTIVITY BELOW, PLEASE COMPLETE ALL INFORMATION REQUESTED. IF REGISTERING FOR A TEAM SPORT PLEASE COMPLETE THE INFORMATION BELOW COMPLETELY.

Participant Name: _____ Date of Birth: _____ Age: _____ Male or Female(circle one)

Activity Name: _____ (Staff: Activity Number: _____ Section: _____ Session: _____)

Session, Fee \$ _____ Drop-In, Fee \$ _____

Participant Name: _____ Date of Birth: _____ Age: _____

Activity Name: _____ (Staff: Activity Number: _____ Section: _____ Session: _____)

Session, Fee \$ _____ Drop-In, Fee \$ _____

Participant Name: _____ Date of Birth: _____ Age: _____ Male or Female (circle one)

Activity Name: _____ (Staff: Activity Number _____ Section: _____ Session: _____)

Session, Fee \$ _____ Drop-In, Fee \$ _____

Team Registration For: _____ (example: Fall Softball, Summer Softball Sand Volleyball etc..)

Team Name: _____ Team Managers Name: _____

Address: _____ City: _____ State: _____ Zip _____

Team Managers Phone Number: _____ Primary Email: _____ @ _____

Refund Policy: It is our policy not to refund registraion fees once a program begins, registration closes, or program capacity is met,whicheveroccurs first.

Release & Indemnity: In consideration for being permitted by the City of Goshen to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I or my child may have, or which hereafter accrue to me, or my child, against the city as a result of my or my child's participation in the activity(ies). This release is intended to discharge the city, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child's participation in the activity(ies), even though that liability may arise out of the negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activity(ies); knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me, or my child (or my child's heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my and my child's heirs or assigns. In addition, I agree to indemnify and hold harmless the City and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of my or my child's participation in the activity(ies) described above, caused in whole or in part by my or my child's negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the city.

Photography Release: I hereby grant to the City of Goshen the absolute and irrevocable right and permission to use, reuse, and publish all pictures of me or my child taken in the course of City of Goshen business. I fully understand that I hold no control over the use of the image of which I or my child is a part. Further, I grant to the City of Goshen, and those who the City assigns, the right to use me or my child's name if necessary. I hereby release the City of Goshen from any and all claims and demands arising out of, or in connection with the use of the photograph, including any claims of libel. This authorization and release shall also apply to those working with or in connection with the City of Goshen as well as the person(s) who took the photograph. I have fully read the foregoing and completely understand the contents.

Printed Name of Participant or Guardian _____ Date _____

Signature of Participant or Guardian _____ Date _____

Total Fee Paid \$ _____ RecTrac Receipt Number _____ Check Number _____ Cash \$ _____

FOR STAFF PURPOSES ONLY:

Verify that the form is filled out COMPLETELY.

Verify age of participant is correct for the registered activity.

Scann this form into the individuals household documents as a record of their registration.

File this form as a record of registration drop-in-rates and class totals for specific programs.

If this is a new household add their household number to this form, copy this form and mail it to the patron.

If this is an exisitng household a receipt may be mailed upon request ONLY.

Staff Initials _____ Date _____