CITY OF PLACENTIA COMMUNITY SERVICES DEPARTMENT

ACTIVITY REGISTRATION FORM – PLEASE PRINT & FILL OUT COMPLETELY

Last Name of Parent or Adult	First Name	Birth date
Address		
City	State	Zip Code
Home Phone	Cell Phone	Work
Email		

First Name of Participant	Birth date	Gender	Course Code	Course Name	Fee
				Total Fees	

In consideration of your accepting this registration, I/We hereby agree to indemnify and hold harmless the City of Placentia and any of it's officers, agents, or employees from any liability claim or action for damages resulting from or in any way arising out of the participation in this program by the person(s) registered. Additionally, the above registered participants give permission to the City of Placentia to be photographed and to use such photographs in the promotion of City sponsored activities.

Signature_____ Date_____