City of Mesa Activity Registration Form

mesa parks & recreation
Your place to play
A CAPRA Accredited Agency

WAIVER: As a participant, or parent or guardian of a participant, permission is granted to participate in the City of Mesa activitie(s) and program(s) listed on this form. Participants understand and agree that they may be photographed and/or videotaped for promotional purposes. I understand that there are risks of physical injury to the participant(s). Considering all possible risks, on behalf of the participant(s) and myself, I voluntarily waive, release, discharge and hold harmless the City of Mesa, its employees, supervisors, appointed officials, agents, representatives and volunteers from all claims for injuries to participant(s), no matter how severe. Furthermore, I give consent for emergency treatment to the participant(s). This waiver does not extend to any such claim or liability that is caused solely and exclusively by the gross negligence of the City of Mesa or its employees, supervisors, appointed officials, agents, representatives and volunteers. I understand that requests for transfers, cancellations or refunds are subject to department policy and fees. Please visit **www.mesaaz.gov/parksrec** for detailed information.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

ADULT CONTACT:
First Name _____ Middle _____ Last _____

RESIDENT ADDRESS:
Street _____ City _____ State ____ Zip _____ E-mail _____

CONTACT INFORMATION:
Phone Primary ( ) _____ Cell ( ) _____
Phone Secondary ( ) _____ Cell Provider (AT&T, Verizon, etc....) _____

PERSONAL INFORMATION:
GENDER ☐ Male ☐ Female AGE CATEGORY ☐ Adult 18-54 ☐ Senior 55+

IN CASE OF EMERGENCY CONTACT (other than yourself):
First Name _____ Last _____ Relationship _____ Phone ( ) _____
Other ( ) _____

FOR OFFICIAL USE ONLY
Credit Auth./Check # _____
Amt. $ _____
Date Rec'd. _____
By _____

PARTICIPANT ACTIVITY INFORMATION

Name _____ Gender ____ Date of Birth __/__/__ Age ____ Grade ____ Activity Name _____ Activity # _____ Location _____ Fee $ _____

Name _____ Gender ____ Date of Birth __/__/__ Age ____ Grade ____ Activity Name _____ Activity # _____ Location _____ Fee $ _____

Name _____ Gender ____ Date of Birth __/__/__ Age ____ Grade ____ Activity Name _____ Activity # _____ Location _____ Fee $ _____

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Name _____ Gender ____ Date of Birth __/__/__ Age ____ Grade ____ Activity Name _____ Activity # _____ Location _____ Fee $ _____

FEE ASSISTANCE: City of Mesa offers fee assistance for select recreation programs. Please review the eligibility criteria and application online at **www.mesaaz.gov/parksrec**, or call 480-644-2352.
INCLUSION: The City of Mesa strives for inclusion in all activities and programs. Every effort will be made to place participants in their desired activities regardless of physical or mental disabilities. Please communicate any special needs or medical conditions that might impact participation in selected programs by sending an e-mail to: parkssplneed.infor@mesaaz.gov.