

## □Day Pass □Class Registration

First Name				Last Name (Residency for ages 18+ must be verified by DL, utility bill, etc.)			
Address				(Resi	dency for age	es 18+ must be verified by DL, utility bill, etc.	)
City Cell #					Zip		
				Email			
PARENT/LEGAL GUARDIAN/EMEF	RGENCY	CONTACT					
Name				Relationship			
Cell # PARTICIPANT NAME M/F DOB C				Other # PARTICIPANT ACCOMODATION			
PARTICIPANT NAME	M/F	DOB		LASS	CLASS#	PARTICIPANT ACCOMODATION	
supervisors, any or all in the event of any accident, inj participating in any activity, from any liability of any kir	jury or death nd whatsoeve ay contact 9	sustained by the er. All activities in 11, provide and p	named nvolve s perform	participant(s come physica first aid, and	i) on this registratio il nature and I unde when necessary, r	rks and Recreation Department, its employees, activity officials in form while being transported to or from an activity, or while rstand and assume the risk in participating. In the event of ecommend transport to a hospital and reach the parent/guardia erein for twelve (12) months from the date of execution.	
as soon as the situation allows. The Release of Liabi	iity i Oilli Wiii				paipoood statoa		
		ARDIAN SIG	SNAT		parposso ciarca	DATE	
as soon as the situation allows. The Release of Liabi				URE			
as soon as the situation allows. The Release of Liabi				URE  y Pas  Last Na	s □CI	ass Registration	
PRIMARY CARDHOLD/PARENT/LEC				URE  y Pas  Last Na	s □CI	DATE	
PRIMARY CARDHOLD/PARENT/LEC				URE  y Pas  Last Na	s □CI	DATE  ass Registration  es 18+ must be verified by DL, utility bill, etc.	
PRIMARY CARDHOLD/PARENT/LEC				URE  Y Pas  Last Na  (Resi	s □CI	ass Registration	
PRIMARY CARDHOLD/PARENT/LEC	GAL GUA			URE  y Pas  Last Na	s □CI	DATE  ass Registration  es 18+ must be verified by DL, utility bill, etc.	
PRIMARY CARDHOLD/PARENT/LEC	GAL GUA			URE  Y Pas  Last Na  (Resi	s □CI me dency for age	DATE  ass Registration  es 18+ must be verified by DL, utility bill, etc.	
PRIMARY CARDHOLD/PARENT/LECENTRE  First Name  Address  City  Cell #  PARENT/LEGAL GUARDIAN/EMER	GAL GUA			URE  Y Pas  Last Na (Resi	me dency for age	DATE  ass Registration  es 18+ must be verified by DL, utility bill, etc.	
PRIMARY CARDHOLD/PARENT/LEC  First Name  Address  City  Cell #  PARENT/LEGAL GUARDIAN/EMER  Name	GAL GUA		Day	URE  Y Pas  Last Na  (Resi  Email	me dency for age	DATE  ass Registration  es 18+ must be verified by DL, utility bill, etc.	
PRIMARY CARDHOLD/PARENT/LEC  First Name  Address  City  Cell #  PARENT/LEGAL GUARDIAN/EMER  Name  Cell #	GAL GUA	CONTACT	Day	Last Na (Resi	me dency for age	DATE  ass Registration  es 18+ must be verified by DL, utility bill, etc.  Zip	
PRIMARY CARDHOLD/PARENT/LEC  First Name  Address  City  Cell #  PARENT/LEGAL GUARDIAN/EMER  Name  Cell #	GAL GUA	CONTACT	Day	Last Na (Resi	me dency for age	DATE  ass Registration  es 18+ must be verified by DL, utility bill, etc.  Zip	
PRIMARY CARDHOLD/PARENT/LEC  First Name  Address  City  Cell #  PARENT/LEGAL GUARDIAN/EMER  Name  Cell #	GAL GUA	CONTACT	Day	Last Na (Resi	me dency for age	DATE  ass Registration  es 18+ must be verified by DL, utility bill, etc.  Zip	

RELEASE OF LIABILITY - I hereby release, absolve, indemnify and hold harmless the City of North Richland Hills, the Parks and Recreation Department, its employees, activity officials, supervisors, any or all in the event of any accident, injury or death sustained by the named participant(s) on this registration form while being transported to or from an activity, or while participating in any activity, from any liability of any kind whatsoever. All activities involve some physical nature and I understand and assume the risk in participating. In the event of serious accident or injury, I understand city officials may contact 911, provide and perform first aid, and when necessary, recommend transport to a hospital and reach the parent/guardian as soon as the situation allows. The Release of Liability Form will be valid and in force and effect for all purposes stated herein for twelve (12) months from the date of execution.