



# ACTIVITY REGISTRATION FORM AND WAIVER

## PAYEE/ADULT INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Day Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_  
 Language Preference: \_\_\_\_\_ Best time to Contact: [ ] Morning [ ] Afternoon [ ] Evening  
 Check if you live in the City of Riverside city limits. If not, non-residency fees may apply.

## STUDENT INFORMATION

1. Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Language Preference: \_\_\_\_\_

Please check the ethnicity that best describes the child (this information will ONLY be used for statistical purposes. It will NOT be used as a basis for admission or any other discriminatory manner):  
 Latino  African-American  Asian  Pacific Islander  Caucasian/White  Other (please specify): \_\_\_\_\_

Student's living arrangement:  With Parents  Foster Care/Parents  By Self  Other: \_\_\_\_\_

Please indicate if the student has any medical needs: \_\_\_\_\_ Allergies: \_\_\_\_\_ N/A [ ]

School (Currently Attending): \_\_\_\_\_ School District/Charter School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Instrument: \_\_\_\_\_ Provided by:  Student  RAA Instrument Serial Number: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

2. Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Language Preference: \_\_\_\_\_

Please check the ethnicity that best describes the child (this information will ONLY be used for statistical purposes. It will NOT be used as a basis for admission or any other discriminatory manner):  
 Latino  African-American  Asian  Pacific Islander  Caucasian/White  Other (please specify): \_\_\_\_\_

Student's living arrangement:  With Parents  Foster Care/Parents  By Self  Other: \_\_\_\_\_

Please indicate if the student has any medical needs: \_\_\_\_\_ Allergies: \_\_\_\_\_ N/A [ ]

School (Currently Attending): \_\_\_\_\_ School District/Charter School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Instrument: \_\_\_\_\_ Provided by:  Student  RAA Instrument Serial Number: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

## EMERGENCY CONTACT / INDIVIDUALS AUTHORIZED TO PICK UP PARTICIPANTS (ID required to pick up participant)

Name: \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_ Work Number: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_ Work Number: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

## CLASS AND PARTICIPANT INFORMATION

	Class/Activity Name	Participant's Name	Gender	Birth Date	Start Date	Shirt Size	Time	Activity Location	Fee
5 0 7 0 . 1 A	Ballet 1	Sally Smith (SAMPLE LINE)	M / (F)	02/01/01	2/17	SM	5:30 p.m.	Bobby Bonds	\$60
			M / F	/ /					
			M / F	/ /					
<input type="checkbox"/> Please add the noted dollar amount to my registration fees to enable deserving youth to participate in PRCSO programs. I understand that this is a voluntary donation.									
<b>Grand Total</b>									
(Please make checks payable to "The City of Riverside, PRCSO")									

### City of Riverside, Harmony Project, Alvord Unified School District, Riverside Unified School District, California Baptist University

#### Agreement to Release all Liability

#### BY SIGNING THIS DOCUMENT YOU ARE GIVING UP YOUR RIGHT TO SUE

\_\_\_\_\_ I understand that I am in no way required to participate in the above named activity and that my participation is voluntary.

\_\_\_\_\_ I understand that I must sign this release of liability if I would like to participate in the above named activity.

\_\_\_\_\_ I understand that the City of Riverside is permitted by law to require me to sign this release of liability before permitting me to participate in the above named activity I understand that by signing this document I am forever agreeing to indemnify and hold the City of Riverside and its employees, officers, managers, agents and council members harmless from any and all liability, loss or damage caused by or arising from their negligence, or those of others, including myself.

I understand that I am agreeing to forever release from liability the City of Riverside and its employees, officers, managers, agents and council members and further agree to give up my right to sue them for any and all property damage, personal injury or wrongful death resulting from their negligence, my own negligence, or the negligence of others. My signature on this document will also prevent my heirs, assigns, representatives, legal guardians, or any person who may sue on my behalf, from suing as well.

I understand that by participating in this activity, there are risks of physical injury to my person or property, as well as risks due to the negligent conduct of the City and its employees, myself, or others, involved with the above named activity. By voluntarily participating in the above named activity I understand the risks of injury to my person and property and am assuming the risk of such.

#### All courses or activities are subject to change or cancellation.

Please be advised that all participants involved in any department programs or special events are subject to being photographed or videotaped. Such photographs/video may be used by the City of Riverside without an obligation to provide compensation to those photographed/videotaped.

Harmony Project Riverside does not discriminate on the basis of race, color, gender, religion, national origin, or ethnicity in student admissions or in any other programs it administers. By signing below, I acknowledge and declare that I understand the legal consequences of this release.

PARTICIPANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Parent/Guardian: I declare under penalty of perjury that I am the parent/guardian of the minor. I have authority to enter into this agreement on behalf of the minor. I agree to be bound by its terms [if participant is a minor].**

## Staff Use Only

Date	Staff Name	Grade/Division	Site Taken	Activity	Receipt #	Total \$

Comments:

[ ] Policy and Contract [ ] Report Card [ ] CDBG Form [ ] Other

Form of Payment: [ ] Check # \_\_\_\_\_ [ ] Money Order #: \_\_\_\_\_ [ ] Visa [ ] Mastercard [ ] Am. Express [ ] Discover

1. Student Name: \_\_\_\_\_

2. Student Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_