

## COMMUNITY CENTER YOUTH REGISTRATION FORM

Name of Participant:			
Address:			
City:	State		Zip:
Home Phone:	Mobi	le Phone:	
Date of Birth:	Age:		_ Grade:
School:			
Parent/Guardian Name	::		
Parent Email Address:			
Home Phone:		Work Phone:	
Mobile Phone:		Other Phone:	
Name: Name:			
WAIVER OF LIABILITY         Parent or Guardian Signature required for participants under age 18.         I hereby, for my heirs, and myself waive and release this facility for any and all injuries suffered by myself or my child at this facility.         Signature         SEX & RACE ETHNIC IDENTIFICATION         "Furnishing this information is voluntary. This information will be used by the Parks and Recreation Department and the Little Rock Commission on Children, Youth and Families to better serve participants."         Ethnic Background: Black       White       Hispanic       Asian       Other			
ADMINISTRATION/OFFICIAL FACILITY USE ONLY Program Name			
Fee Paid:	Date Received:	Rec	eived By:



## LIABILITY WAIVER FOR ALL COMMUNITY CENTER PROGRAMS

IN CONSIDERATION OF THE CITY OF LITTLE ROCK PARKS AND RECREATION ALLOWING ME (MY CHILD/CHILDREN) TO PARTICIPATE IN ANY COMMUNITY CENTER PROGRAMS, AND BEING AWARE OF THE POSSIBLE INJURIES THAT COULD OCCUR TO ME (MY CHILD/CHILDREN) AS A RESULT OF THAT PARTICIPATION, I ON BEHALF OF MYSELF (MY MINOR CHILD/CHILDREN) RELEASE THE CITY OF LITTLE ROCK, ITS OFFICIALS, EMPLOYEES, AGENT, AND INSTRUCTORS/VOLUNTEERS FROM ANY AND ALL INJURIES AND DAMAGES WHATSOEVER ARISING FROM MY (MY CHILD/CHILDREN'S) PARTICIPATION IN THE EVENT.

I, MY HEIRS AND REPRESENTATIVES, AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS THE CITY OF LITTLE ROCK, ITS OFFICIALS, EMPLOYEES, AND AGENTS FROM ANY AND ALL CLAIMS MADE BY ME (MY CHILD/CHILDREN) OR MY INSURER FOR INJURIES OR DAMAGES RELATED TO THIS EVENT. THE PARTICIPANT RECOGNIZES THAT ARKANSAS LAW HAS GRANTED CITIES IMMUNITY FROM LIABILITY FOR INJURY OR DAMAGE CAUSED BY THE NEGLIGENT ACTS OF ITS EMPLOYEES OR AGENTS AND UNDERSTANDS THAT THE CITY INTENDS TO CLAIM SUCH IMMUNITY IF LIABILITY CLAIMS ARE RAISED AGAINST IT IN CONNECTION WITH THE STEPHENS COMMUNITY CENTER PROGRAM.

DATE

PLEASE PRINT PARTICIPANT'S NAME

SIGNATURE OF PARENT IF PARTICIPANT IS UNDER 18 YEARS OF AGE

SIGNATURE OF PARTICIPANT AND PARENT, OR OTHER WITNESS (WHEN APPROPRIATE) IF OVER 18 YEARS OF AGE