

Registration Form



1. Primary Guardian _____
Home Phone _____ Work Phone _____
2. Secondary Guardian _____
Home Phone _____ Work Phone _____
3. Primary Address _____
City _____ Zip _____
4. E-mail address _____

	Participant Names	Age	D.O.B.	Grade	Gender	Activity Name	Activity Code	Sec	Fee
1									
2									
3									
4									
5									
6									

Waiver for Participant(s)

In consideration of my participation and or that of my child or ward in the City of Lafayette ("City") Recreation Department's programs or activities, do hereby for all, to the extent permitted by law assume the risk of participation and waive and release the City, its officers and employees from any and all claims, actions, or demands for any injury, loss, or damage arising out of, or related to participation in the programs or activities, whether or not such is caused by the act, error, omission, negligence or fault of the City, its officers or employees. I also on behalf of myself and my child or ward consent to the City's publication of photographs taken of any of us during our participation in the Recreation Department's programs or activities.

Parent/Guardian Signature: _____

Total Fees: _____

Registration form must be returned in-person to the
Bob Burger Recreation Center with payment.
 111 W. Baseline Rd, Lafayette, CO 80026

Vi/MC/AmEx/Di No: _____ Exp. Date: _____ CVV: _____ Total Fee Paid: _____ Check # _____ Other _____

Received by: _____ Date Processed: _____ Household # _____