

Registration

Spring 2012

PLEASE PRINT

Main Account Name (If Frisco Athletic Center Pass Holder)/Parent or Guardian			
Street Address:			
City:	State:	Zip:	Email:
Home Number:		Work:	Cell:
Emergency Contact Name & Number:			

If you are registering for an Adult Athletic League, please complete the information below:

Team Name:	Manager's Name:
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Program Registration Information (please print)

Participant Name	M/F	Date of Birth	Class Code	Class Title	Fee	Payment	Date	Emp. Int.
1.								
2.								
3.								
4.								
5.								

I would like to donate to the City of Frisco Scholarship Fund	Amount:	\$
	Total:	

For Learn to Swim customers, please use this space to select alternate choices in the event your first option is not available.

Option 2	Option 3
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I have read and understand the Refund Policy..... Initial _____

RELEASE AND MEDICAL AUTHORIZATION

I, on behalf of myself and/or the individual(s) being registered, agree to allow the registrant to participate in activities directly or indirectly operated, offered, conducted and/or otherwise provided by the City of Frisco (the "City") including, but not limited to, memberships, passes, admissions, classes, programs, special events and/or any other type of activity (hereinafter individually and collectively referred to as the "Activities") and hereby authorize the City, its employees, volunteers, program directors and/or instructors, as duly authorized agent(s) for the registrant, to consent to medical, emergency, surgical and/or dental care, services, examinations and/or any and all other treatments deemed necessary by such professionals and arising out of and/or in conjunction with, directly or indirectly, the Activities. I agree pictures taken of me and/or the registrant during the Activities may be used for any purpose.

For and in consideration of my/our participation in the Activities, I hereby agree to release, acquit, hold harmless, forever discharge and waive any and all claims that I/we may have against the City of Frisco, its Council Members, officers, agents, representatives, employees, volunteers, program directors, instructors, members, heirs, legatees, administrators, executors and assigns, in whole or in part, in both their private and public capacities, (hereinafter collectively referred to as "Releasees") from any and all actions, causes of actions, claims, demands, damages, lawsuits, costs, loss of services, expenses and compensation, whether known or unknown, on account of, or in any way arising out of or connected in any manner with my/our participation in the Activities, including, but not limited to, liability, damages, injury (including death), property damage, legal fees and/or costs caused by or related to any negligent or intentional act of any Releasee.

It is further agreed that the execution of this release and acceptance of the same shall not constitute a waiver by the City of Frisco, Texas, and its Releasees, of its/their governmental immunity and/or any other defense it may have at law and/or equity, whether state and/or federal. Acceptance of this release is not to be construed as an admission of any liability whatsoever by any or all of the Releasees.

I further agree to indemnify and defend the Releasees if I am not authorized to sign and legally bind the registrant to the terms of this release or if the person named herein attempts to rescind this release. If any term of the release is deemed void or voidable, it shall not affect the enforceability of anything else in the release. This Release of Liability Form will be valid and in force and effect for all purposes stated herein for 12 months from the date of execution.

Participant/Parent/Legal Guardian Signature	Relationship to Participant	Date
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