



LEISURE CLASS REGISTRATION FORM

Class for which you are registering
Registrant's Name: Date of Birth
Address:
City: State: Zip:
Home Telephone: Work Telephone:
Fax: E-Mail:
Emergency Contact: Relationship:
Home Telephone: Work Telephone:
List any health condition that the instructor should know about this registrant:

I, the above named participant in the Tuscaloosa County Park and Recreation Authority's (PARA) Leisure Class hereby give my approval to participate in this program/activity. I authorize PARA to obtain necessary medical care and treatment for the participant/child/ward for any illness or injury occurring during the program/activity, but I understand PARA is not assuming a duty to obtain medical treatment, make medical decisions, or render medical care or treatment to the participant/child/ward. I understand that PARA has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant/child/ward and I agree to pay all reasonable medical costs incurred if treatment is obtained. I understand that PARA assumes no responsibility or liability for lost, stolen, or misplaced items. I release PARA and its agents, servants, and employees, from all claims, actions, causes of action and rights of recovery or reimbursement of any type that I or the child/ward may have in the future which arise from or are related in any manner to the program/activity (including but not limited to claims of bodily injury and property damage or loss), and I assume all risks and hazards incident to such program/activity and transportation to and from the same. This instrument is signed both individually and on behalf of the child/ward.

Registrant's Signature: Date:
(Parent/Guardian if under 18)

Return Form Along With Check Or Credit Card Info To:
PARA LEISURE CLASS
P.O. Box 2496
Tuscaloosa, AL 35403

CREDIT CARD Name as it appears on card:
CC#
Expiration Date Card Type: MasterCard VISA
I agree to pay the credit card charges according to credit card issuer agreements.
Signature Date

FOR OFFICE USE:

Amount paid: (cash/check/credit card) Receipt# Date:
Location: Employee Signature
Keyed into RecTrac: Yes No Date: Employee's Initials: