



Franklin Parks & Recreation

## Program Registration Form

**How did you hear about us?** Radio\_\_\_ Poster/Flyer\_\_\_ Billboard\_\_\_ Canary Creek Ad\_\_\_ News Article/Ad\_\_\_ Website\_\_\_ Advertising TVs\_\_\_ Other\_\_\_\_\_

<b>Parent/Guardian First &amp; Last Name</b>		<b>Parent/Guardian Date of Birth</b>	
<b>Address</b>		<b>City</b>	<b>State</b>
<b>Home Phone</b>	<b>Emergency Contact / Phone</b>	<b>Email Address</b>	<b>Work/Cell Phone</b>

I recognize that because of the potentially hazardous nature of this activity, an injury might be sustained. In the event of such injury to myself or my child, if I or my spouse cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal and agree to pay the usual charges for such treatment. I now release the City of Franklin, the Franklin Parks and Recreation Department, its employees, agents and assign from responsibility for any personal injuries and damages to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators. I agree to abide by all rules and regulations of the Franklin Parks and Recreation Department. I understand that my name, photograph, and/or likeness may be used in promotions or advertising materials. I consent to such uses and waive any rights of privacy or publicity I may have in connection with those uses. I understand my signature, or my primary guardian's signature if I'm under 18, is required to take part in Franklin Parks and Recreation programs.

<b>Signature</b>	<b>Date</b>

### Participant Information

First & Last Name	Birth Date	Gender	Program Name

Would you like to be added to our email database and receive notification of upcoming programs & events?

YES

NO

### Payment Options

Check (Check # \_\_\_\_\_) VISA, MasterCard, or Discover \_\_\_\_\_ Cash \_\_\_\_\_  
*Make checks payable to Franklin Parks & Recreation (Please write your phone # & driver's license # on your check)*