



City of Mount Vernon

Department of Recreation

Hon. Ernest D. Davis, Mayor

Karen Watts, Commissioner Floyd V. Myers, Deputy Commissioner



Registrant's Last Initial

Registration Form

Registrant Information

REGISTRANT'S NAME: _____
LAST FIRST

ADDRESS: _____
STREET CITY/STATE ZIP CODE

BIRTHDATE: _____ SEX: _____ HOME PHONE: _____
MM/DD/YEAR M/F

REQUESTED ACTIVITIES	PRICE
Ben Gordon Clinic 8-19-2006	Free

Check One: Session 1 _____ Session 2 _____
10:00 AM 2:00 PM

Release of Liability

I (name printed below) as parent/guardian or participant, hereby acknowledge, agree, promise, and covenant with and release, discharge and hold harmless the City of Mount Vernon, the Mount Vernon Department of Recreation, Mount Vernon YMCA, Mount Vernon Boys & Girls Club, Kensworth Consulting Co., its officers, employees, agents, independent contractors, and volunteers on behalf of myself, my child, any minor in my legal custody, or any minor who I have enrolled in a program with the Mount Vernon Department of Recreation, my heirs, assigns, personal representative and estate from any known or unknown, anticipated or unanticipated risks which could result in injury, death, physical or mental illness or disease, or damage to myself, to my property, to spectators, or other third parties.

I assume all risks of participating and/or volunteering in this event. I certify that I (or my child) have been examined by qualified physician and am physically fit to participate in this year's activities. I consent (on behalf of my child for him/her) to receive medical treatment and or diagnostic procedures which may be advisable in the event of injury, accident and/or illness during or as a result of this event.

I understand that the Mount Vernon Recreation Department of Recreation reserves the right to remove any participant from any program for disciplinary reason without refund. I understand that this event or related activities may be photographed or videotaped. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the Mount Vernon Department of Recreation. I

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN'S NAME: _____
PLEASE PRINT

EMAIL: _____ DAYTIME PHONE: () _____

EMERGENCY CONTACT #1: _____ DAYTIME PHONE: () _____

EMERGENCY CONTACT #1: _____ DAYTIME PHONE: () _____