

PROGRAM REGISTRATION FORM

CITY OF LEMOORE RECREATION: 721 W. CINNAMON DRIVE, LEMOORE, CA 93245; 559 924 6744, OPTION 2
parksandrecreation@lemoore.com



PROGRAM: _____

MONTH: _____

PARTICIPANT NAME: _____ DOB: _____ GENDER: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PARENT 1: _____ PHONE 1: _____

PARENT 2: _____ PHONE 2: _____

PRIMARY EMAIL: _____ ALT EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

SHIRT SIZE (YXS, YS, YM, YL, AS, AM, AL, AXL, OTHER): _____ Age as of June 2024 : _____

SPECIAL REQUEST (not be guaranteed): _____

VOLUNTEER OPPORTUNITIES: COACH ____ ASST. COACH ____ TEAM PARENT ____ ADMIN ____ OTHER ____

Refund Policy - NO REFUNDS WILL BE GIVEN. INITIAL: _____ DATE: _____

Fees/Service Charges – The City of Lemoore may communicate with participants, or their guardians, via text message. As such, you may incur fees associated with communications from the City of Lemoore. Your signature on this form, acknowledges your consent for the City to contact you utilizing text messages and other forms of communication that may result in service fees/charges from your mobile provider.

Content – We make every effort to ensure the information in the City of Lemoore’s Recreation programs are accurate and up-to-date. We regret that occasional errors and omissions occur, and we retain the right to amend information and fees at any time.

Accommodations – Please indicate special requirements on the registration form and speak to the program advisor.

Photo Release: By affixing my initials here: _____ I release the rights to media to the City of Lemoore permission to use my and/or my child’s photograph or likeness, or that of a pet or personal property, for promotional use in any City related media.

Waiver & Release: This waiver and release covers any future events or classes sponsored by the Lemoore Parks and Recreation Department for the above participant (s). In consideration of participation in a class or activity offered by the Parks and Recreation Department of the City of Lemoore, I, the below signed, agree to indemnify and hold the City of Lemoore harmless and hereby waive, release and discharge any and all claims for loss or damage, for death, personal injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the City of Lemoore, its City Council, employees, agents, and volunteers for any liability arising out of or connected in any way with my participation in this class or activity, even though that risks, nevertheless, I hereby agree to assume those risks on behalf of myself, my heirs and assigns and to release and to hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assign) for damages. Further, I understand that the City of Lemoore, its City Council, employees, agents and volunteers, are not responsible for the personal property of the participants in the class or activity. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on me and on my heirs and assigns.

REVISED 6/2023

Signature below acknowledges understanding and consent of the information provided herein.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

RECEIPT NO.: _____ DATE: _____ ENTERED INTO ROSTER BY: _____