



**CITY OF FIFE
PARKS, RECREATION & COMMUNITY SERVICES
ACTIVITY REGISTRATION FORM**

Participant Name _____ M/F _____ Date of Birth _____
 Parent Name _____ M/F _____ Date of Birth _____
 Address _____ City _____ Zip Code _____
 Work Phone _____ Cell Phone _____
 E-Mail Address _____
 Emergency Contact _____ Phone _____

Class or Activity Title	Start Date/Time	Course #	Reg. Fee
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL Amount Due \$ _____

RELEASE OF LIABILITY

I do hereby agree to indemnify, release, and hold the City of Fife, its officers, employees, agents, harmless from and against any and all liability for any injury, damage, or death arising out of or in any way connected with participating in any Fife sponsored activities. I understand that Fife will provide no insurance and that I am responsible for the cost of treatment for any injury to me. Furthermore, if I have treatment for any physical ailments or conditions which might affect my health by participating in the activity, I have consulted my personal physician or medical authority and have received his/her approval to participate.

Signature of Participant

Date

Guardian (if participant is under 18)

Date

Make checks to: City of Fife
 City of Fife
 Recreation Program
 2111 54th Ave E
 Fife, WA 98424
 Center: 253-922-0900
 Fax: 253-926-0543