

# MAIL-IN/DROP-OFF REGISTRATION APPLICATION FORM

Apex Park & Recreation District - 13150 W. 72nd Ave., Arvada, CO 80005 - 303-424-2739 - FAX 303-420-7397

<p style="text-align: center;">Please print and fill out this form <b>COMPLETELY</b></p> <p>ID or Household # _____ Exp. Date _____</p> <p>Household Name _____  <small style="margin-left: 100px;">Last</small> <small style="margin-left: 150px;">First</small> <small style="margin-left: 100px;">Birth Date</small></p> <p>Address _____ Apt. # _____</p> <p>City _____ Zip _____</p> <p>Home Phone _____ Work Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> Check here if new address.</p> <p><input type="checkbox"/> Please check here if the participant has special needs we should know about before the activity such as equipment, personal assistance, medical conditions, disability, etc. We will contact you to make the appropriate arrangements.</p>	<p style="text-align: center;">This section must be filled out if you are using  <b>VISA, MasterCard, Discover or American Express</b>                  (Circle one of the above)                  Fill in Card number below.</p> <p>Cardholders Name _____</p> <p>Card # _____</p> <p>Exp. Date _____ Amount _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Authorized Signature</p> <p><input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash Date _____</p>
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Activity #	Activity Name	Beginning Date/Time	Fee	Registrant's Name	Birthdate	M/F	2nd Choice/Activity #

*For Youth Sports Leagues*

Activity #	Activity Name	Beginning Date/Time	School Name	Last Yrs. Coach	Fee	Registrant's Name	Birthdate	Grade	M/F	Shirt Size	2nd Choice/Activity #

Late Fee	
\$2 Phone-In Fee	
Total Fee Enclosed	

**RELEASE AND WAIVER**

*In consideration of being permitted to take part in the activity, or utilize the facility or service set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury, death, and property damage from any causes whatsoever arising while my child, or I are participating in such activity. I, or my child, are in good health and are physically able to participate in such activity. I agree to unconditionally waive and release Apex Park and Recreation and/or the City of Arvada, and their officers and employees, agents, servants, and all representatives and sponsors from injury that I or my child may sustain, or any damage that may be caused to me or my child's property in connection with said activities or use of such facilities or services, including injuries sustained or property damage caused by any use of equipment I may rent from Apex Park and Recreation District and/or the City of Arvada, their officers, employees, agents, servants or sponsors.*

*Participants may be photographed while utilizing the facility, services, or participating in a Apex Park and Recreation District program and said photographs, or likeness of me, may be used to publicize activities as the district deems appropriate.*

\_\_\_\_\_  
 Signature of participant or parent (if participant is under 18 yrs. of age)

\_\_\_\_\_  
 Date

FOR OFFICE USE ONLY	DATE PROCESSED _____	INITIALS _____
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