VILLA RICA PARKS & RECREATION DEPARTMENT ADULT LEISURE PROGRAMS REGISTRATION / WAIVER FORM U-CAN DANCE CLUB



Name		
Address		-
City	Zip Code	-
Phone	Email	
EMERGENCY INFORMA	<u>ATION</u>	
Contact person	Phone	
Relationship	Hospital preference	
	POLICIES AND DISCLAIMER:	
practitioners of any kind. It any injury or illness, and if a medical help, including trans	Rica Recreation Department staff members are not physicians or me nereby release the VRRD staff to render temporary first aid to me in deemed necessary by the VRRD staff member to call our doctor and sportation by a VRRD staff member or its representatives, whether pracility or hospital of my preference, or the calling of an ambulance senecessary.	the event of to seek aid or
	be aware of the risks and hazards associated with the recreational acize that I may suffer injuries, possibly minor, serious or catastrophic rous and can lead to injury.	•
any and all claims, demands	and hold harmless VRRD; it's officials, employees, agents, and serve, actions, suits, damages, loss and expenses of whatever kind of natural sing out of or in conjunction with this activity.	
activity sponsored by VRRD	derstand that insurance which would cover me in the event of injury is my responsibility. I also understand that VRRD strongly recommended to cover such incidents that I take necessary action to obtain it.	nends that if
Signature	Date//	
Receipt #	Staff initial	
Please list any medical con-	cerns we need to be aware of (i.e. allergies, asthma, etc.)	
West Coast Swing	eing the highest) the dances you would like to learn or improve: East Coast Swing Cha-Cha Two Steg Fox Trot Rumba Line Dance Partner I	