

FUTSAL

Activity Registration Form

Household Information (please print clearly)

Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact:

Name: _____ Contact Number: _____

Child's Name	Birthdate	Age	M/F	School	Medical Conditions

Hold Harmless Agreement

I am aware of the nature of this activity and I assume responsibility for my myself, as a parent/guardian of the minor child(ren) indicated above as participant(s). I will not hold TCRHCC Health Promotion /Disease Prevention Program., or its employees responsible in case of accident or injury resulting from my participation of the minor child(ren) indicated above. I will not hold TCRHCC Health Promotion /Disease Prevention Program., or its employees to any lost, stolen or damaged articles while participating.

Photo Release

I give my permission to the TCRHCC Health Promotion /Disease Prevention Program to photograph me or my child (ren) participating in the program for publicity and publication use and will not seek compensation for such. Photos will be used for the purpose of promoting various programs and services to the community.

Signature of Parent/Guardian

Date

Amount Paid:	Receipt Number: