



City of Pharr
Parks & Recreation Department
2015 Spring Recreation Programs
Official Registration Form

FOR OFFICE USE ONLY
Date Received: _____
Amount Paid: _____
Receipt #: _____
Cash or Check #: _____
Received By: _____

Participant's Name: _____ D.O.B.: _____ Age: _____
 Parent or Guardian's Name: _____ Phone(H): _____ Phone(C): _____
 Mailing Address: _____ City: _____ Zip: _____
 Male/Female: _____ Email address: _____ Shirt Size: Youth/Adult _____

Please Check Mark Desired Programs

Youth Recreation Programs	Program Fee	Check Mark	Youth Recreation Programs	Program Fee	Check Mark
Little Kicks Karate 3 years old to 6 years old Tuesdays & Thursdays	\$30		Advanced Guitar Lessons 8 years old & older Tuesdays & Thursdays	\$30	
Intermediate Karate 7 years old to 10 years old Tuesdays & Thursdays	\$30		Tumbling 8 years old & older Mondays & Wednesdays	\$30	
Advanced Karate 11 years old to 14 years old Tuesdays & Thursdays	\$30		Ballet 3 years old to 14 years old Mondays & Wednesdays	\$30	
Beginner Guitar Lessons 8 years old & older Mondays & Wednesdays	\$30		Skateboarding 8 years old to 14 years old Tuesdays & Thursdays	\$30	
Intermediate Guitar Lessons 8 years old & older Mondays & Wednesdays	\$30		Dance 5 years old & older Mondays & Wednesdays	\$30	
Beginner Guitar Lessons 8 years old & older Tuesdays & Thursdays	\$30		Recreation Tennis 5 years old to 10 years old Mondays, Tuesdays, and Thursdays	\$30	
Intermediate Guitar Lessons 8 years old & older Tuesdays & Thursdays	\$30		Cheerleading 5 years old & older Mondays & Wednesdays	\$30	

I, parent, adult participant, or guardian of the above named, fully understand that participating in the Pharr Recreation Program may result in a serious injury or illness. Risks involved may include, twisting an ankle, pulled muscles, jammed fingers, and more serious injuries which may result from participating in any of the above mentioned programs. Although I fully appreciate those risks, I desire to participate without regard to consequences. I assume all risks and hazards incidental to such participation, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Pharr, PSJA ISD, any and all sponsors, or other individuals, firm or organization resulting in whole, or part, from participation in the Pharr Recreation Program, or the acts or omissions by any organization, firm, or individuals that may take place in connection with the Pharr Recreation Program. This waiver shall be binding on my heirs, legatees, administrators and assigns. Furthermore, I hereby grant full permission to any and all of the forgoing to use any photographs, video tapes, motion pictures, recordings, or any other records of this event for any legitimate purpose.

I also grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should a participant become ill or injured while participating in activities away from home, or at any other moment when either parent is available to grant authorization for emergency treatment.

X _____
 Signature (If under 18 years of age, parent or guardian's signature is required) _____ Date _____

Phone number in the event of an emergency _____ Phone number of personal physician _____. Should you wish for an accommodation due to a disability and wish to participate in any program, feel free to contact Francisco Marin, Director of Parks and Recreation, at 402-4550.