



3rd Annual



Official Registration Form

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: _____

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 the 3rd Annual Water Warriors Laps for Hope Event. 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 3rd Annual Water Warriors Laps for Hope Event, or the acts or omissions by any organization, firm, or individuals that may take place in connection with the 3rd Annual Water Warriors Laps for Hope Event. 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**.

FOR OFFICE USE ONLY

Date Received: _____ Amount Paid: _____

Receipt #: _____ Cash or Check #: _____

Credit #: _____ Received By: _____