

City of Mesa Parks, Recreation & Commercial Facilities Program Registration

Fill out form completely - Remember to sign the form - Make all checks payable to **City of Mesa** - All registration forms must be accompanied with fee.

WAIVER: As a participant, or parent or guardian of a participant, permission is granted to participate in the Mesa Parks & Recreation program listed below. Participants understand and agree that they may be photographed and/or videotaped for promotion of City of Mesa programs. I understand that there are risks of physical injury to the participant(s). Considering all possible risks, on behalf of the participant(s) and myself, I voluntarily waive, release, discharge and hold harmless the City of Mesa, its employees, supervisors, appointed officials, agents, representatives and volunteers from all claims for injuries to participant(s), no matter how severe. Furthermore, I give consent for emergency treatment to the participant(s). This waiver does not extend to any such claim or liability that is caused solely and exclusively by the gross negligence of the City of Mesa or its employees, supervisors, appointed officials, agents, representatives and volunteers.

PARENT/GUARDIAN SIGNATURE: _____

ADULT CONTACT - First Name	Last Name	E-mail Address	For Official Use Only
_____	_____	_____	
Address	City State	ZIP Code	
_____	_____	_____	
Home Phone	Work Phone	Emergency Phone	Credit Auth./Check #
_____	_____	_____	Amt.
			Date Rec'd.
			By

FEE ASSISTANCE: City of Mesa Parks and Recreation offers fee assistance for select recreation programs. Please review the eligibility criteria and application on our website, www.mesaaz.gov/parksrec, or call 480-644-2352 for more information.

COURSE CHOICES													
PARTICIPANT(S)		M/F	Date of Birth	Current Grade	Class Title/Location	REQUIRED!						Section Number	Fee
First Name	Last Name					Activity Number						-	
												-	
												-	

Mesa Parks and Recreation strives for inclusion in all classes and programs. Every effort will be made to place registrants in their desired classes, regardless of physical or mental disabilities. *Please indicate any special needs or medical condition that might impact the registrant's participation in the selected program.

TOTAL FEES: _____

COMPLETE IF PAYING BY CREDIT CARD																							
Credit Card Number:													Exp. Date:							<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS

Name as it appears on card: _____