

# Ontario Recreation & Community Services Registration Form

Adult Parent or Guardian—Last Name					First					MI
Address							E-mail Address			
City							State		Zip Code	
Home Phone (    )    )			Cell/Work Phone (    )    )			Emergency Phone (    )    )				

Class Number	Start Date Mo./Day	Participant's Name		Date of Birth	Age	Sex	Activity Name	Activity Fee	Non-resident Fee	Total Fee	
		Last	First								
Card#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Exp. Date							<b>Total Amount Enclosed</b> ➔				
<input type="checkbox"/> Check this box to be included on the email list.							<input type="checkbox"/> Check this box if address/phone number has changed.		<b>Make checks payable to "City of Ontario."</b>		

**LIABILITY RELEASE:** I give my permission for the above listed persons to participate in the above listed activity/activities being sponsored by the City of Ontario. I certify that the said participants are in good health. I hereby waive, release, and discharge any and all claims or right to claim for damages for any personal injury or property damage which may have, or which may hereafter occur to said participant(s), as a result of his/her/their participation in said activities. This release is intended to discharge in advance the promoters, sponsors, employees, officials, and any involved municipalities or other public entities from and against any and all liabilities which may arise out of negligence or carelessness on the part of the above mentioned. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. Additionally, the above registered participants give permission to the City of Ontario to be photographed or videotaped, and to use such photos or videos in the promotion of City sponsored activities.



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_