



Colonie Youth Center is Proud to Present



KidzArt

Registration Form (Class spaces are limited. Please register in advance.)

Participants Name _____ □ Male □ Female
Address _____ City _____ Zip _____
Date of Birth _____ Day # _____ Evening # _____ Cell _____
Emergency Contact _____
Day # _____ Evening # _____ Cell # _____

Does participant have any allergies, medical conditions or other needs of which we should be aware? Yes ___ No ___
(If yes, please explain on a separate sheet and attach).

If participant is a minor, please complete the following:

Grade _____ *School _____
Parent/Guardian _____ Relationship to Child _____
Day # _____ *Evening # _____ Cell # _____
Email _____

Table with 3 columns: Course Name, Session/Division, Fee. Includes a Total row.

If paying by: □ MasterCard □ Visa □ American Express
Cardholder Name _____
Card No. _____ Exp. Date _____
3-digit Security Code (on the back of your card – last 3 numbers on the signature strip) _____

Register by phone, fax, mail or in person at:
Colonie Youth Center, Inc. 272 Maxwell Road Latham, NY 12110 438-9596 ph. 438-9598 fx.
Rudy A. Ciccotti Family Recreation Center 30 Aviation Road Colonie, NY 12205 867-8920 ph. 694-0704 fax

REQUIRED FOR ALL PROGRAMS: PARTICIPANT RELEASE OF LIABILITY. READ BEFORE SIGNING.

Participant Name _____
In consideration of being allowed to participate in any way in the program, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:
1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assumes full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE Colonie Youth Center, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.



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*Participant Signature

Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINORAGE: (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

*Parent Signature

Date

Emergency Phone #