RECREATION REGISTRATION FORM

Household Contact Name:	Last:			First:		DOB:		
AMERICAN EXPRESS	Address:							
	,					•		
MasterCard	Home Phone: Other Phone:							
VISA	_ // dai / dai oss.							
	Emergency Name and Phone:							
DISCOVER' NETWORK								
Participant Name		Date of Birth	Sex	Class Code 1 st Choice	Class Name	Class Code 2 nd Choice	Fee	
						Total Fee \$		
Check here if this is a new address. I have read the refund, credit and wait-list policies.								
Check here if you have a disability and are requiring accommodation. Please allow a three-week notice.								
Payment Type: AE								
Visa Disc We also accept Electronic Funds Transfers. Contact us for more details!								
Check # Check # Check # Check #								
Please submit separate checks for each class. Make checks payable to "The City and County of Broomfield", unless otherwise stated in brochure.								
You can also register online. Go to www.BroomfieldRecreation.com and click on the "e-connect" link!:								
Release and Indemnification Agreement - each participant, parent/guardian must sign the registration form indicating they								
acknowledge the Release and Indemnification Agreement.								
I understand that participation in any athletic event, sports program or any physically related activity may be dangerous and involves risk of injury, loss or damage. By signing this Release and Indemnification Agreement, I hereby release the City and County of								
Broomfield, its officials and its employees from any and all claims for injury, death, loss or damage that may occur as a result of participation in City and County programs or while using City and County facilities, whether or not caused by the act, omission,								
negligence or other fault of the City and County, its officials, its employees or by any other cause. I further agree to defend, indemnify and hold harmless the city and county, its officials, its employees, insurers and self-insurance pool, from and against all liability, claims,								
and demands, court costs, and attorney fees on account of injury, loss or damage whatsoever.								
Participant, Parent/Guardian Signature:								
Office Use Only: O	Computer Entry	:	ı	Register:	Date:	Time:		