

**City of Hondo  
Recreation Department  
Registration Application**

PROGRAM FEE:

PLEASE PRINT

PROGRAM \_\_\_\_\_

DATE \_\_\_\_\_

Name of participant \_\_\_\_\_

Birth Date \_\_\_\_\_

Age/Grade \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK:

AS CONSIDERATION FOR ALLOWING THE PARTICIPANT TO REGISTER FOR THE CITY OF HONDO RECREATION PROGRAM. I HEREBY, FOR MYSELF, THE PARTICIPANT AND OUR REPRESENTATIVE HEIRS, EXECUTORS, AND ADMINISTRATORS, RELEASE AND HOLD HARMLESS THE CITY OF HONDO AND IT OFFICERS, EMPLOYEES, AGENT, OFFICIALS, COACHES, AND VOLUNTEERS ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY WHATSOEVER, INCLUDING ATTORNEY'S FEES, BROUGHT FOR OR ON ACCOUNT OF ANY INJURIES OR DAMAGES RECEIVED OR SUSTAINED BY THE PARTICIPANT ON ACCOUNT OF ANY NEGLIGENT ACT OR OMISSION OF THE CITY, IT'S OFFICERS, EMPLOYEES, AGENTS, OFFICIALS, COACHES, AND VOLUNTEERS IN CONNECTION DIRECTLY WITH HIS/HER PARTICIPATION IN THE RECREATION DEPARTMENT PROGRAMS. PERMISSION IS HEREBY GRANTED FOR THE ABOVE NAMED INDIVIDUAL TO PARTICIPATE IN THE RECREATION DEPARTMENT PROGRAMS. IT IS AGREED THAT HE/SHE SHALL BE SUBJECT TO ALL SAFETY REGULATIONS ENFORCED BY THE STAFF DURING THE PROGRAM.

I read and fully understand the above assumption of risk and waiver and release of all claims.

On occasion we will take photos/videos of participants for educational or promotional purposes. Entry into our programs grants permission for the use of these images.

Participants Name \_\_\_\_\_

Participants Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**SIGNATURE OF PARTICIPANT NOT REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE.**

**OFFICE USE ONLY**

Shirt/Jersey Size

YS

YM

YL

AS

AM

AL

AXL

Team (previous year): \_\_\_\_\_

First Year: YES / NO

Open Draft: YES / NO

Football Division: JR. (1-3) SR. (4-6)

Basketball Division: Pee-wee GIRLS(3-4) BOYS(3-4) GIRLS(5-6) BOYS(5-6)

Receipt #: \_\_\_\_\_

Staff: \_\_\_\_\_

Cash: \_\_\_\_\_

Check #: \_\_\_\_\_

**IF THERE ARE SIBLINGS IN THE SAME DIVISION, WOULD YOU LIKE THEM ON THE SAME TEAM? YES NO**

Siblings name: \_\_\_\_\_