

CLASS REGISTRATION

FIRST NAME: _____ LAST NAME: _____

AGE: _____ DOB: _____ EMAIL: _____

CLASS 1 NAME: _____ FEE: _____ CLASS 1: DAY: _____ TIME: _____

CLASS 2 NAME: _____ FEE: _____ CLASS 1: DAY: _____ TIME: _____

PARENT'S NAME, if minor: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

HOME

CELL

Session 1: _____

Signature of Student or Parent (if student is a minor)

Date: _____ Amount: _____

Check # _____ Credit: _____

Session 2: _____

Signature of Student or Parent (if student is a minor)

Date: _____ Amount: _____

Check # _____ Credit: _____

Session 3: _____

Signature of Student or Parent (if student is a minor)

Date: _____ Amount: _____

Check # _____ Credit: _____

A portion of the application constitutes a release, please review carefully!

Does the participant need any special accommodation to enhance his/her enjoyment of the program? YES NO
If yes, please email us at parksandrecreation@duluthga.net at least two weeks prior to the start date to let us know what special accommodations are needed.

The above named student and/or his parents hereby release and hold harmless the City of Duluth with respect to any claims, losses, damages, cost or injuries caused by or in any way resulting from the activities of the student in connection with classes conducted by the Parks and Recreation Department of the City of Duluth. The above named student and/or parents further agree to indemnify and hold the City harmless with respect to any claims, losses, damages, cost or injuries caused by or in any way resulting from the activities of the above named student while participating in the above named class sponsored by the City of Duluth Parks and Recreation Department and the student and/or parents will defend the City against any such claim, suit or cause of action brought by anyone against the City as a result of actions of the above named student while participating in the above-referenced class.