

ADAPTIVE P.E. REGISTRATION FORM

Participant's Information- Referred by: _____

Name _____ Date of Birth _____

Street Address _____

City _____ Zip _____ Email Address _____

Home Phone (____) _____ Cell or Other Phone (____) _____

Emergency Contact Information

Name _____ Phone _____ Relationship _____

Class Selection(s)

_____ M T W TH F

_____ M T W TH F

_____ M T W TH F

Liability Waiver and Photo Release

By registering, I agree to indemnify and hold harmless the City of Redwood City, VMSC, and Adaptive Physical Education, its employees, agents, and instructors, from any loss or liability which results or is alleged to have resulted from my participation in this program. I also consent to the use of my picture for Adaptive P.E. publicity. I have read and fully understand these policies.

Signature _____ Date _____