

# 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 \_\_\_\_\_ Screenshot \_\_\_\_\_ Date \_\_\_\_\_