City of Albany Department of Recreation
Karate Program Registration Form

Name of Student: _____ **DOB:** _____ **Age:** ____

Parent(s) Name: _____

Telephone # (Home): _____ **(Cell / Work):** _____

Address: _____
Street **City** **State** **Zip**

School Attending: _____

Medical Conditions / Disorders: _____

Medications: _____

Community Center Attending: (Check one)

St. Vincent (VI) ____ **Arbor Hill ____** **Hoffman / Lincoln Park _____**

Emergency Contact Information
(If a parent or guardian is not available, please complete below)

Name: _____ **Contact #:** _____

Relationship: _____

Adult & Minor Athletic Waiver and Release of Liability

In order for my child(ren) or me to participate in the City of Albany Department of Recreation Community Center Karate Program, I agree to assume the risks incidental to such participation (risks may include, among other things, muscle injuries and broken bones) and, on my own behalf and on behalf of my heirs, executors, and administrators, release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the participation of my child(ren) or me in such activity and further damages, costs or expenses, including, but not limited to, attorney's fees and disbursements. The released parties are The City Department of Recreation, Shihan Tony Butler Jr., its officers, its affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches and other employees, staff, official and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the program. I understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered by myself or my child(ren), before, during, or after such participation. I declare that I and/or my child(ren) are physically fit, and have the skill level required to participate in this particular program. I further authorize emergency medical treatment for my child(ren) or myself at my costs, if the need arises. I grant the released parties the right to photograph and/or videotape me and/or my child(ren) and further to use our name, face, likeness, voice, and appearance in connection with the exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

Parent or Guardian Signature: _____Date: _____