



# Aquatic Center Activity Registration

## Participant Information:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

To Whom it May Concern: In the event that the above named child is taken to an emergency room or medical care facility in my absence from attendance of the event program at any time during the entire program any employee of the City of Warrenton has my consent to authorize treatment for the child by a doctor(s) and/or medical personnel which may be deemed necessary.

I, the undersigned, do hereby acknowledge that I have given my child permission to participate in the event program with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the City of Warrenton and all of their officers, employees, coaches, officials, contractors, volunteers, and team sponsors free from liability for any injury, harm, or complication of any kind.

Furthermore, I do understand that accident insurance is NOT provided by the City of Warrenton and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child/family member while participating in the event program.

I give my permission to The City of Warrenton to take my child or my children's photograph, while participating in the Splash N' Pajama Party, and to post the images that include my child or my children on the City of Warrenton website, facebook page, or printing materials for the purpose of viewing, advertising, or generating printable materials.

I understand that a photocopy of this document shall have the same force and effect as the original.

Print Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
(Street) (City) (Zip)

Parent/Guardian Signature: \_\_\_\_\_