



# Town of Superior Program Registration Form

**Complete this section if you have a HOUSEHOLD ID number:**

Adult Participant or Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

**Complete this section if your information has CHANGED or you are NEW to the Town:**

Adult Participant or Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

**Complete this section to REGISTER for programs:**

Participant Name	M/F	Birth Date	Program Name	Code	Start Date	Fee

**Liability Release - Read Carefully**

I AGREE TO INDEMNIFY AND HOLD HARMLESS THE TOWN OF SUPERIOR, ITS OFFICERS, EMPLOYEES, AGENTS, CONSULTANTS, SUBCONTRACTORS, INSURERS AND REPRESENTATIVES (COLLECTIVELY THE "TOWN"), FOR ANY LOSS, DAMAGE OR INJURY TO MYSELF OR MY PROPERTY IN ANY WAY RELATED TO MY PARTICIPATION IN TOWN PROGRAMS. THIS RELEASE OF LIABILITY APPLIES TO ME AS WELL AS ANY OF MY CHILDREN, PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN. I AUTHORIZE THE TOWN IN A MEDICAL EMERGENCY TO SEEK EMERGENCY MEDIAL ASSISTANCE AT MY EXPENSE. I GIVE PERMISSION TO THE TOWN TO USE ANY PHOTOGRAPHS, VIDEOTAPE OR OTHER MEDIA RECORD OF MY PARTICIPATION IN TOWN PROGRAMS FOR ANY LAWFUL PURPOSE, WITHOUT COMPENSATION.

**Signature of participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(or parent/guardian)

Information provided here is for the Town of Superior use only. We do not share information with outside sources.

**Fee Information and Payment (OFFICE USE ONLY)**

Total Fees: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Visa/Master Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ V Code: \_\_\_\_\_

Intake Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Registration Initials: \_\_\_\_\_ Date: \_\_\_\_\_