



## City of Woodland Park Parks and Recreation

# ACCOUNT SETUP INFORMATION SHEET

<b>Primary</b> Contact Name (Adult or Parent):		Birth Date:		Male / Female	
Physical Address (Street, City, State, Zip):					
Mailing Address (Street/Box, City, State, Zip / if different from above):					
E-Mail Address:					
Primary Phone:		Secondary Phone:		Other Phone:	
Emergency Contact Name:			Phone:		Relationship:
Chronic Ailments/Allergies:					
I give consent to use any photograph taken of myself and my child and his/her name in future promotional or marketing activities. Please circle    YES    NO					
<b>Secondary</b> Contact Name (if applicable):		Birth Date:		Male / Female	
E-Mail Address:			Relationship:		
Primary Phone:		Secondary Phone:		Other Phone:	
Emergency Contact Name (if different from above):			Phone:		Relationship:
Chronic Ailments/Allergies:					
Child's Name:		Birth Date:		Male / Female	
Current Grade:		School:			
Emergency Contact Name (if different from above):		Phone:		Relationship:	
Chronic Ailments/Allergies:					
Child's Name:		Birth Date:		Male / Female	
Current Grade:		School:			
Emergency Contact Name (if different from above):		Phone:		Relationship:	
Chronic Ailments/Allergies:					

I do hereby agree and consent that the Woodland Park Parks and Recreation Department, the Colorado Springs Parks and Recreation Department, the RE-2 School District, Colorado Springs Christian School-WP branch and the volunteer coaches, contracted officials and instructors, and all representatives of the program shall be released and forever acquitted from all or any claim or demand of liability of the damages as a result of any injuries sustained by me or our minor child while enrolled in the program and/or athletic event sponsored by said program. Participants and/or parents must be responsible for their own medical insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_