



Rancho Cucamonga Healthy RC Walking/Running Club



Participant Information (One Registration form per participant)

Last Name: _____ First Name: _____
 Address: _____ City: _____ Zip: _____
 Day Phone: _____ Evening Phone: _____
 Cell Phone: _____ Email: _____

Walking or Running Club Information

Club Name: _____ Park _____
 Club Meets (please circle all that apply): Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Time Club Meets (please fill in below):
 Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday ____
 Club Leader Name: _____ Club Leader Phone: _____

Club Leader Information (Please fill out if Interested in becoming a Leader)

Interested in becoming a Healthy RC Walking or Running Club Leader: Yes No Maybe
 Type of club are you interested in Leading (please circle one or the other): Walking Club Running Club
 All Club Leaders will receive a Healthy RC T-Shirt what size would you prefer: _____
 Club Name: _____ Club Location: _____
 Club Meets (please circle all that apply): Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Time Club Meets (please fill in below):
 Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday ____

I agree to indemnify and hold harmless the City of Rancho Cucamonga, the Community Services Department and all other employees and/or agents from all injuries, loses, damages and liability occurring from my participation in the activity for which I have enrolled. I also agree to be photographed, and/or to have my child photographed and release use of the photographs for publicity in City of Rancho Cucamonga publications and other information tools. (Parent's Signature needed if participant is under 18 years of age).

Member's Signature _____ Date _____
 Parent's Signature _____ Date _____

Activity Registration Form

1 Participant Information

Barcode #	Last Name	First Name	Birthdate	M/F	Activity Title	Fee	Alt. Choice
/ /			/ /				
/ /			/ /				
/ /			/ /				
/ /			/ /				

2 Adult's Name _____ Home Phone _____ Check here if this is a new address

Address _____ Daytime Phone _____

City _____ State _____ Zip Code _____

E-mail Address _____

Residents - check here if you are submitting proof of residency with this registration.

3 I would like to support the Rancho Cucamonga Community Foundation with a donation in the amount of \$ _____

I would like to support the Rancho Cucamonga Public Library Foundation with a donation in the amount of \$ _____

4 MasterCard Visa Card Number _____

Check Cash Cardholder Name _____ Expiration Date _____

Use Credit on Account \$ _____ Cardholder Signature _____

5 Medical Release: I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child(ren) in case of an emergency and in the event that I cannot be contacted.

Signature of Parent or Guardian _____ **Date** _____

Doctor's Name _____ Hospital Name _____

Existing Medical Condition(s) _____

6 This information required for registration in Youth Sports Activities ONLY.

Child #1 - Height _____ Weight _____ Shirt Size (Youth) S M L XL (Adult) S M L XL

Previous Team _____ Position Played _____ Season Played _____

Child #2 - Height _____ Weight _____ Shirt Size (Youth) S M L XL (Adult) S M L XL

Previous Team _____ Position Played _____ Season Played _____

RELEASE OF LIABILITY & ASSUMPTION OF RISK

I, _____ on behalf of myself; or _____ on behalf of my minor child, hereby waive in advance any and all actions or causes of action and claims for injury or property damage which I may have, or which may hereafter accrue to me, my heirs or other successors as a result of my participation in any activity, or activities incidental thereto, (hereinafter referred to as the "activity") sponsored by the City of Rancho Cucamonga in the attached registration form. This is intended to release and hold harmless the City of Rancho Cucamonga and its elected officials, officers, employees, contractors and agents.

I understand that I must be in good health prior to participating in the activity. I understand that serious accidents occasionally occur to participants during such an activity, transportation to or from such an activity, and during activities incidental to such an activity. Knowing these risks, I expressly assume those risks and agree that under no circumstances will I, or any of my heirs or successors present any claim or action against the City of Rancho Cucamonga.

Participants permit the taking of photographs of themselves and/or their minor children by the City of Rancho Cucamonga during recreation activities to be used in City publications and/or websites.

I HAVE READ THE FOREGOING AND ACKNOWLEDGE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS BY SIGNING THIS AGREEMENT.

Signature Required _____ Date _____