CITY OF BRENHAM
PROGRAM REGISTRATION FORM

PROGRAM NAME:		
PARTICIPANT INFORMATION		
Name:		
Gender (Circle one) M F	Date of Birth:	
Phone:	Current Address:	
City:	State:	Zip Code:
Entering Grade:	School:	
T-shirt Size:		
PARENT/GUARDIAN INFORMATION		
First & Last Name:		
Current Address (if different from above):		
City:	State:	ZIP Code:
Phone:	Email:	Relationship:
EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	
Phone:	Email:	

LIABILITY RELEASE

I assume that all risks associated with my participation in the City of Brenham recreation program and I do hereby, on behalf of my heirs, executors, administrators, successors and assigns, in consideration of being allowed to participate, waive all claims against the release and agree to hold harmless the City of Brenham and their respective directors, officers, agents, employees, successors, and assigns, and all those in any way connected with the running and management of the program, from and against any damages, liabilities, actions, causes of actions, losses, costs, expenses, claims and demands arising out of or in connection with my participation, including without limitation, death, any death, personal injuries or loss of, damage to or loss of use of property which may be the result of negligence on the part of the City of Brenham.

Name (please print)	
Signature:	Date:

HOW DID YOU HEAR ABOUT US?	
☐ Brochures/Flyers	☐ Digital Sign at Hohlt Park
☐ Radio/Newspaper	☐ City Website
Other:	

PAYMENT METHOD	
Cash/Check #	
Received by:	
CREDIT CARD INFORMATION	
Card Holder Name:	Card Type (Circle) MC/Visa
Card Number:	Expires:
Signature:	Date:

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