



FORT COLLINS SHORT TRACK OPEN REGISTRATION

1. Mail in:

EDORA POOL ICE CENTER
 1801 Riverside
 Fort Collins, CO 80525

2. Fax in: (970) 221.6237

Registration Deadline: Application and payment must be received by Monday, October 6, 2008. No day of meet entries will be accepted.

Householder's Name _____ Home Phone _____

Address _____ Work Phone _____

City/State/Zip _____ Mobile Phone _____

E-Mail _____ Emergency Phone _____

Participant Name	Birth Date	Gender	Event/ Meters	Average Time	*Special Need

Payment:

Card # _____ Exp. Date _____

Total Due \$25.00 (unlimited events)

Checks Payable to "Recreation"

Liability Waiver required for participation of minors. Parent or Guardian Signature required.

Any questions can be directed to Jondon Trevena, (970) 443.3653 or JCTetaks@aol.com

**NOTE: The city of Fort Collins will make reasonable accommodations for access to city services, programs, and activities and will make special communication arrangements for persons with disabilities. For activities that require registration, it is recommended that requests be made one week in advance by calling 970-224-6027, TDD/TTY 224.6002*

For YOUTH & TEEN SPORTS & RECREATION ACTIVITIES

REQUIRED FOR PARTICIPATION

please sign and return this Liability Waiver to:

Northside Aztlan Community Center, 112 E. Willow, Fort Collins, CO 80524

ATTENTION: This liability waiver shall apply to all activities for the named child(ren) for the calendar year, 2008.

As parent or guardian of _____, a minor child(ren), I understand and am aware that my
Children's Names (please print)

child(ren)'s participation in youth or teen sports and/or recreation activities involves inherent risks and hazards, including the risk of injury or death. Recognizing those risks and hazards, I hereby give my consent and approval to my child(ren)'s participation.

On behalf of myself and my child(ren), I release the City of Fort Collins, its officers, agents, volunteers and employees and agree to hold them harmless from any liability for any claim arising out of any injuries and/or damage to me, my child(ren), my property, or loss of any other sort arising out of or related to participation in youth or teen sports and/or recreation activities, whether the result of the negligence of the City of Fort Collins or any other person. I agree to indemnify the City of Fort Collins, its officers, agents, volunteers and employees and to be responsible for all harm, injury or damage caused by my child(ren) to any persons, property or equipment in conjunction with youth or teen sports and/or recreation activities. I hereby give consent for emergency medical care prescribed by a medical professional. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child(ren). I have read this waiver carefully before signing.

Name of Parent or Guardian: *(please print)*

Signature of Parent or Guardian:

Date:

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