



York City Recreation & Parks Bureau



City of York Drum Class Liability Form

Michael Ray Helfrich, Mayor
Chaz A. Green, Deputy Director

(Please complete a REGISTRATION FORM in INK * Please PRINT)

REGISTRATION FEES (MAKE CHECK PAYABLE TO: CITY OF YORK):

City Resident - \$10.00

PLEASE NOTE: A MAXIMUM of 10 youth will be accepted for each park on a first come, first served basis.

Name _____

Sex _____ Age _____ Date of Birth _____ Email _____

Address _____

City _____ State _____ Zip _____ Phone _____

(If under 17) PARENT/GUARDIAN INFORMATION

Name _____ Primary Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT PERSON

1) Name _____ Relationship _____

Address _____ Phone _____

2) Name _____ Relationship _____

Address _____ Phone _____



EMERGENCY MEDICAL AID

Name of Family Physician _____ Phone _____

Name of Dentist _____ Phone _____

Health Insurance Company _____ Policy/Group # _____

Policy listed under whose name _____

Medication? ☐ Yes ☐ No What? _____

For _____ Dosage (how much) _____

How often? _____ Any allergies? _____ If so, what? _____

(Participant must self-administer any necessary medication under staff supervision. Parks Program staff will not give medication. No child will be allowed to use medication unless stated on this form.)

Liability/Photo/Video Release

Assumption of Risk and Release of Liability. Certain risks are inherent in any hiking activity. Each participant agrees to accept personal responsibility for his/her safety, and the safety of minors accompanying such persons. The City of York cannot ensure the safety of any participant of hikes or activities. Each participant agrees to hold harmless and free of blame the hike or activity leader and the City of York, its officers, directors, staff, employees, administrators, volunteer s, or other participants for any accident, injury, or illness which might be sustained from participating in this City of York Program. I agree that I am solely responsible for my own equipment, safety, and first aid needs. This Program and other activities may involve strenuous physical activity and certain risks. I certify that I am physically fit and have not been advised otherwise by a qualified medical person.

I will and do hereby assume the above-mentioned risks and will hold harmless the City of York, its officers, directors, staff, employees, administrators, or volunteers from any and all liability and claims of every kind and nature whatsoever, which may arise from or in connection with my participation in the Rocky Ridge Hike. This release is binding on me, my heirs, and my personal representative.

I hereby grant permission for the City of York to use still and video photographs of my child participating in activities at different visiting locations. I also understand the risk and release the City of York, its officers, directors, staff, employees, administrators, or volunteers from any injury that may occur during travel to the location of this program.

I DO HEREBY CERTIFY BY MY SIGNATURE THAT I HAVE READ, DO UNDERSTAND AND DO AGREE TO THE ABOVE-MENTIONED TERMS.

Print (ink) _____ Signature (ink) _____ Date _____