

2014 REGISTRATION FORM

Please check which program(s) you will be participating in:

Healthier Y	′ou 2014	Smoke Free Program	
FIRST NAME:		LAST NAME:	
MAILING ADDF	RESS:		
	C	CITY STATE ZIP CODE	
E-MAIL ADDRESS:			
PHONE NUMB	ER:		
AGE:	BIRTHDATE	E: GENDER: MALE FEMALE	
All youth (ages 17 and under) may opt out of the required weigh ins by checking the above box. Adults may only opt out of the required weigh ins by bringing a note from a health professional to HY admin. Please see the HY Rules for more information. INDEMNITY AGREEMENT: I, the undersigned, agree to indemnify and hold harmless the City of Valdez from all cost, expense and liability arising from our participation in these Parks and Recreation activities. I hereby waive all claims for damages to our person or property which may be caused by any act by the City of Valdez, it's officers, agents, or employees, rising directly or indirectly from our participation in any of these activities; and I hereby assume all liability and responsibility for any and all injury, loss, or damage we might receive as a result of our participation in any of the activities. I give permission for myself and my child/children to be photographed during Parks & Rec programs and allow for their use in promotional materials. To deny photo release, initial here:			
Signature:			
Signature of Parent/Guardian: For participants under 18		Date:	
TO BE FILLED OUT BY A HEALTHIER YOU VOLUNTEER ONLY:			
HEIGHT:		WEIGHT:	