



Registration Form

P.O. Box 54, Cambridge, WI 53523

Parent's/Guardian's Name: _____ D.O.B _____ Date: _____
parent/guardian

Mailing Address: _____ City: _____ Zip: _____

Email Address: _____

Home Phone: _____ Work: _____ Cellular Phone: _____

Emergency Contact: _____ Relationship to Participant: _____
 (In case the parent/guardian cannot be reached)

Home Phone: _____ Cellular Phone: _____

Doctor's Name and Phone Number: _____

Medications: _____

Allergies, Asthma, and/or other medical conditions: _____

PLEASE WRITE ONLY ONE NAME PER LINE

Name	Program	Session	Grade	Birthdate	M/F	Fee	*Shirt Size

Swim Lesson Registration							
Name	Level	Session/Day/Time	Grade	Birthdate	M/F	Fee	

Total Fees: \$ _____

*Shirt sizes: Youth S, M, L, or Adult S, M, L, XL, XXL

Method of Payment: Cash \$ _____ Check # _____

Please make checks payable to CAP; see page 16 for registration details.

Yes, I would like to volunteer for the Cambridge Community Activities Program. Please contact me at: _____

I am interested in volunteering for: _____

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Registration Form

**LIABILITY WAIVER AND
INDEMNIFICATION AGREEMENT
GENERAL RECREATION PROGRAMS**

I fully release and discharge the Cambridge Community Activities Program and its employees, directors and volunteers from any and all claims or damages, including claims or damages arising from injuries, death or property damage, which may arise out of or occur in connection with my use of the school district facilities, the programs offered by Cambridge CAP or allegedly caused by the negligence of Cambridge CAP, except for those resulting from the intentional or reckless acts of the Cambridge CAP or its employees, directors, and volunteers.

I further agree to indemnify and hold harmless the Cambridge CAP and its employees, directors, and volunteers from any and all claims or damages, costs, or expenses, incurred by the Cambridge CAP, its employees, directors, and volunteers which result from or relate to my use of the school district facilities and the programs offered by CCAP; except for those resulting from the intentional or reckless acts of the CCAP or its officers or employees.

I have been offered the opportunity to negotiate the terms and conditions of this liability waiver and indemnification agreement; however, I choose to accept the terms and conditions of this agreement as they are, without negotiation.

Signature (Parent or Guardian if under 18 years)

Date

AQUATICS PROGRAM

In addition to my participation in general activities programs, I acknowledge that certain risks apply when using the Cambridge Area Community Pool, under the direction of the Cambridge CAP.

The undersigned hereby recognizes and acknowledges that certain risks of physical injury and property damage exist when participating in the programs offered by the CCAP, including but not limited to the drowning while swimming, and death or serious injury from diving, swimming for extended periods of time or great distances, or falling while participating in other activities offered by CCAP. I agree to release all claims of injury or damage to or for myself or my child/war arising from the negligence of CCAP and any of its directors, officers, employees or volunteers. I acknowledge that I have been provided with adequate time to read this release, obtain any advice I might need and bargain for the opportunity to participate in activities without signing this release, prior to signing below.

Signature (Parent or Guardian if under 18 years)

Date

Concussion Law
Please be aware that all youth athletic participants are required to have a signed concussion form on file annually. Please visit <http://www.cambridgecap.net/youth-athletics/concussion-information> to find this document.

