



Franklin City Parks
ACTIVITY REGISTRATION FORM
Minor Children (under 18)

PLEASE PRINT!

NAME OF EVENT _____ DATE: _____

Child's Full Name _____ Date of Birth (MM/DD/YYYY) ____ / ____ / ____

Address _____ City/State _____ Zip: _____

Parent's Email Address _____

Home Phone Number _____ Grade in School _____ Male _____ Female: _____

Mother's Name _____ Day Phone _____

Father's Name _____ Day Phone _____

In Case of an Emergency: (other than parent/guardian)

Name (please print): _____ Relationship to youth: _____

Phone number: _____ Cell Phone: _____

Please list any medical conditions and/or medications that we should be made aware of: _____

Release and Waiver:

I/We the parents/legal guardian of the above child, participating in the 2010 City of Franklin _____ ("Activity"), hereby give my/our approval to his/her participation in any and all the activities of the program. I/We assume all risks and hazards incidental to the conduct of the activities. I/We do further hereby indemnify, hold harmless, and forever release the City of Franklin, its mayor and alderman, representatives, agents, servants and employees, from and against any and all claims or actions of any and all persons for judgments, losses, expenses, death, bodily injury, or damage to property which arises from or is a result of his/her participation in the Activity, negligent act, error or omission whether such claims are based in whole or in part upon the negligence of the Participant or the City of Franklin for any defect in equipment, any site condition, or any negligence by any person, including other participants.

Parent/Legal Guardian Signature (registration incomplete without signature) Date: _____

Please submit completed registration and signed form to:

City of Franklin Parks - Programming
Parks Department - P.O. Box 305- Franklin, TN 37065
Phone 615 794-2103 Fax 615 791-3250
Email: parksinfo@franklintn.gov