



PARKS & RECREATION DEPARTMENT

CLOVIS PARKS AND RECREATION REGISTRATION/WAIVER FORM

Today's Date: _____

Participants Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

EmailAddress: _____

Activity/Sport: _____

Date of Birth: (mm/dd/yy) _____ / _____ / _____ Male / Female

Programing Site: _____

Doctor's name and phone#: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Cell: _____

MEDICAL INFORMATION DISABILITY? Yes No If yes, please specify:

Are there any concerns (physical/social etc.) of which we should be aware in order that we may assist in your adjustment in this Activity/Sport? Yes / No

If yes, please specify:

Allergies? (food, drug, other)

Medication? Yes No If yes, please specify

Participants Name (Please print): _____

Participants Name (Signature): _____

Email address : aquatics@cityofclovis.org

Clovis Aquatic Center 1700 E7th Street, Clovis NM 88101 - 575-762-4517