Monte Vista Recreation Registration Form
4 Chico Camino
Monte Vista, CO 81144

Mother/Guardian Name:_____ PHONE: _____
Last First

Father/Guardian Name: _____ PHONE: _____
Last First

ADDRESS: _____

Email: _____

IF YOU WOULD LIKE TO VOLUNTEER FOR ANY OF OUR PROGRAMS, PLEASE CHECK THE BOX. ☐

In case of emergency, contact:

_____ _____ _____
Name Relationship Phone

I would like to sponsor a child and have included a $_____ donation in addition to my registration payment.

Participant Name	Age	DOB	M/F	Program Title	Price

In consideration for participating in the City of Monte Vista's Parks and Recreation programs or using Parks and Recreation facilities, the undersigned, on behalf of himself/herself and his/her heirs, successors, representatives, and assigns, hereby expressly exempts and releases, and agrees to indemnify and hold harmless, the City of Monte Vista, its officers, employees, volunteers, insurers, and self-insurance pool, from and against all liability, claims, and demands, either past, present or future, which are incurred, made, or brought by himself/herself or any other person or entity, on account of damage, loss, or injury, including without limitation claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, death, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the participation in the program or use of the facilities. I give my permission (w/o any compensation) to use any photographs, film footage, tape recording which includes me or my child's image, voice or likeness to promote the City of Monte Vista's programs.

PARENT/GUARDIAN NAME: _____ PARENT/GUARDIAN SIGNATURE_____ DATE: _____

Drop-Off registrations must include payment. Fax Registration to (719) 852-6167 **Method of Payment: Cash_____ Check # _____**

Credit Card payments available online through XpressBillpay.com