



**GENERAL YOUTH / ADULT REGISTRATION FORM**

**REGISTRATION FORM EXPIRES ONE YEAR FROM TODAY**

**PARTICIPANT (S):**

<b>Name: (Last, First)</b>	<b>DOB</b>	<b>Age</b>	<b>Grade</b>	<b>Sex: (M / F)</b>

Address: \_\_\_\_\_  
Street / PO City State Zip Code

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**IF PARTICIPANT A YOUTH**

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**INHERENT RISKS**

There are inherent risks in any program /activity. A copy of the inherent risks associated with the program/activity that the participant will be participating in can be obtained from any Parks & Recreation staff member upon request.

**PHOTOGRAPH RELEASE**

The undersigned consents (either self or youth) to be photographed and irrevocably grants to Incline Village General Improvement District (IVGID) the right to use and incorporate photographs taken at any IVGID program or event. This consent and grant of rights is unconditional and without limitation as to time or method of use.

**PARTICIPANT**

Participant's Signature (Unless A Youth) \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

**Youth**

The **Medical Information Card** is on file and is up to date.  Yes (If no, please complete or update)

Name of Parent or Guardian: \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Check One)  Parent /  Guardian: - **RELATIONSHIP TO YOUTH** \_\_\_\_\_