



Chandler • Arizona
Where Values Make The Difference

City of Chandler Parks and Recreation Division Special Olympics/Activity Registration Form

The City of Chandler Therapeutic Recreation program offers a 1:8 ratio or better of staff/volunteer to participants at each event. If you require more assistance, you are required to provide your own caregiver. All caregivers or other chaperones must also sign up for every event and all event fees must also be paid for accompanying chaperone.

Name _____ Email address: _____

Address _____ City _____ Zip _____

Phone# _____ Birthdate _____ Uniform size—shirt _____ shorts _____

Parent Name _____ Emergency Phone# _____

Allergy information (If any): _____

Activity: _____ Activity Code: _____ Fee: _____ Scholarship Van:

Activity: _____ Activity Code: _____ Fee: _____ Scholarship Van:

Activity: _____ Activity Code: _____ Fee: _____ Scholarship Van:

Activity: _____ Activity Code: _____ Fee: _____ Scholarship Van:

Activity: _____ Activity Code: _____ Fee: _____ Scholarship Van:

Activity: _____ Activity Code: _____ Fee: _____ Scholarship Van:

Total Enclosed: _____

Form of Payment:

Credit Card (select one) __ Visa __ MasterCard __ American Express __ Cash __ Check # _____

Credit Card # _____ Expiration Date _____

Name of Cardholder: _____ Signature of Payee _____

HOLD HARMLESS AGREEMENT

In consideration of any services and the use of City of Chandler facilities during year round program activities offered by the Chandler Therapeutic Recreation program, the participant agrees to the following:

1. I agree to indemnify and hold harmless City of Chandler, its officers, agents, representatives, officials and employees from and against any claims, costs, demands, expenses (including attorney's fees), losses, damages, injuries, and liabilities arising from any accident, death, or injury whatsoever or however caused to any person or property because of, arising out of, or related to my participation in programs offered by the Chandler Therapeutic Recreation Program. It is understood that such indemnity shall survive the termination of this agreement.
2. I authorize the staff of the City of Chandler Community Services Department and other contracted authorized personnel to secure any needed medical assistance in case of an emergency, illness or accident, and understand that personal insurance or immediate payment is required and that I will be responsible for prompt payment of all charges. I release the City of Chandler from any liability for such costs. Participant will not participate in any activities advised against by his or her physician and agrees to seek medical advice before participating in any activity about which participant has some concern.
3. I do hereby authorize the use and reproduction of any photographs/videos of myself or family member by the City of Chandler Recreation Division for the purpose of program promotion, publicity or other media sources.

Parent, legal guardian, or participant (if over 18)

Date

Please return registration form to:

Mail to:
Chandler Parks and Recreation
Attention: Therapeutic Recreation Program
Mail Stop 501, PO Box 4008
Chandler, AZ 85244-4008

Walk in:
Chandler Senior Center
Attention: Therapeutic Recreation Program
202 East Boston Street
Chandler, AZ 85225