VILLA OLYMPIA PROGRAM REGISTRATION FORM

HOMEOWNER'S NAME: _____ PASSCARD #: _____

ADDRESS: _____

VILLAGE: _____ LOT NUMBER: _____

PHONE: DAY_____ EVENING_____ OTHER_____

Participants Info:

First and Last Name	Birth Date	Age	Sex	Allergies	Program	Code	Fee	Class Time

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

PHONE: DAY_____ EVENING_____ OTHER_____

RELEASE:
I hereby release and agree to indemnify and hold harmless Minto Communities, Inc. Villa Olympia Master Association, Inc. and any official, employee or volunteer of Minto Communities Inc., and/or Villa Olympia Master Association, Inc., against any and all claims resulting from participation in this class or program with my knowledge that by participating in this activity I/We assume risk of injury. I also give permission for any photographs taken to be used for display purposes. Further, I also give permission in my absence for registered participants to receive any medical treatment for injury or sickness outpatient care and/or in-hospital care.

_____ _____ _____
Homeowners Signature **Print Name** **Date**

PROOF OF RESIDENCY IS REQUIRED EACH TIME YOU REGISTER FOR AN ACTIVITY.

FEES COLLECTED: _____ CHECK #: _____