



**City of Atlantic City
Registration Form
ART CLASSES**

NAME _____
 ADDRESS _____
 CITY/STATE _____ NJ _____
 RECREATION SITE(S) _____
 PHONE _____ MESSAGE _____
 DOB _____ AGE _____

WAIVER OF LIABILITY

In consideration of the benefits to be derived by _____ from the City of Atlantic City, included but not limited to bus trips, games, activities, etc, I hereby waive any and all rights of action, suits, claims, or demands whatsoever against the City of Atlantic City or its affiliates, officials or employees which might arise out of participation in the Atlantic City Youth Services Programs.

I assume the risk of all dangerous conditions that do exist and waive any and all specific notice of the existence of such conditions.

 Date Signature of Parent / Guardian

MEDICAL RELEASE

Minor's Name _____
 Minor's Physicain _____
 Existing Medical Conditions _____
 Allergies _____
 Specific Procedure to follow in event of an emergency _____

I hereby grant authorization to the staff of the City of Atlantic City to render treatment that it deems necessary in the event that _____ is injured and we, the Parents or Guardians, are not able to be contacted or notified in sufficient time. I have been informed as to the significance of this authorization and freely give same. The City of Atlantic City provides no health insurance. The responsibility for adequate Health Insurance coverage rest solely with the Parent/ Guardian.

I, The Parent/Guardian of the above named minor, in witness whereof, have hereunto set my hand and seal _____, signed, sealed and delivered in the presence of

Date

 Signature of Witness

 Signature of Parent/Guardian