

Villages of Westcreek Program Registration

Return form with payment to: 12395 Military Drive West San Antonio, TX 78253 (210) 679-8761

Name of person registering participant _____

Home Address _____ City _____ State _____ Zip _____

Day phone _____ Home phone _____ Email address _____

I have read and understand the registration and refund policies. (Registration not valid without signature)

Signature of person registering participant(s) _____ Date _____

Participant's Name	Birth date	Age	Program	Jersey Size	Gender	Fee
Example: Susie Smith	3/4/65	44	Muscle Toning	Adult Small	Female	\$45
					Subtotal	
					Fee	\$

Please let us know of any accommodations needed for your enjoyment of any Villages of Westcreek parks' program Total: \$ _____

Please make checks Payable to: VWOA: Check #: Check Amount: Cash Amount:
You may also use a Credit Card/Debit Card to pay Registration Fees.

Waiver and Release from Liability

(I) (WE) _____ do hereby RELEASE and forever DISCHARGE, and hold harmless the said Department of Parks and Recreation and/or Villages of Westcreek Homeowners' Association and their respective agents, officers, and employees, from all claims, demands, damages or claims for relief on account of any and all injury which may exist or which may hereafter arise from participation in 2010 Department of Parks and Recreation programs.

(I) (WE) do further agree to protect said Department of Parks and Recreation and/or the Villages of Westcreek Homeowners' Association and their respective agents, officers, and employees, from any damages incurred by way of claim demand or judgment and agree to reimburse said Department of the Villages of Westcreek for any loss, damage, or cost incurred.

(I) (WE) affirm under penalties of injury that (I) (WE) am/are 18 years of age or older, and that (I) (WE) have executed the above foregoing WAIVER AND RELEASE FROM LIABILITY and that such are true and correct to the best of my knowledge and belief, this (date) _____ day of (month) _____ 2010.

(I) (WE) HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IS A RELEASE OF ALL CLAIMS. SIGNATURE OF PARTICIPANT, OR PARTICIPANT'S PARENT OR GUARDIAN, IF PARTICIPANT IS UNDER 18 YEARS OF AGE.

Date _____

Photographic Release

I hereby (DO) (DO NOT) consent to and authorize the Department of Parks and Recreation to take photographs and/or video, and reproduce these images solely for advertising and promotional purposes (INITIALS) _____

For Office Use Only
 Date Received _____ Initials _____ Payment Method: Cash Check Credit Card Assessment Paid _____