



Mooresville Park & Recreation District
 1101 N. Indianapolis Road • Mooresville, Indiana 46158
 Phone (317) 831-7149 • www.mooresvillepark.com • Fax (317) 831-9569

REGISTRATION FORM

FAMILY ACCOUNT INFORMATION

Adult/Legal Guardian: _____ DOB: _____
 Mailing Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____ Username (to setup online registration): _____

Email addresses are used to notify participants of program offerings and registration information.

Brown Township Resident Non-Resident

PROGRAM/POOL PASS INFORMATION

Participant Name (First & Last)	DOB	M/F	Grade	Program Name or Pool Pass Type	Activity			Fee
					Session	Level	Time	
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
Park Donation (optional)								\$2.00
TOTAL								\$

PAYMENT INFORMATION

Cash Check (Payable to Mooresville Park & Recreation) Check # _____
 MasterCard/Visa Credit Card# _____ - _____ - _____ - _____ Exp Date: _____
 Authorized Signature: _____ Security Code (3 digits on back of card): _____

WAIVER AND RELEASE OF ALL CLAIMS

The undersigned acknowledges that there are certain risks of physical injury and harm to participants in any program provided by the Mooresville Park & Recreation District or any entity granted the right to use the facilities of the Mooresville Park & Recreation District. The undersigned agrees to assume full risk of any injuries, damages or losses which the undersigned or the undersigned's minor child may sustain as a result of participating in or being on the premises of the property of the Mooresville Park & Recreation District. By signing this Agreement, the undersigned fully releases, discharges and agrees to hold the Mooresville Park & Recreation District, the Town of Mooresville and their agents and employees harmless from any and all claims for injuries, damages or loss on behalf of the undersigned or their minor child (if signing on behalf of the minor child) regardless of negligence on behalf of the Mooresville Park & Recreation District, the Town of Mooresville or their agents or employees. This Release shall become effective immediately and remain in effect until revoked in writing and presented to the Park Board with the termination date being effective only as to events occurring after receipt by the Park Board.

In the event of any emergency, I authorize the Mooresville Park & Recreation District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the undersigned or the minor child of the undersigned to provide immediate care when necessary and agree that I will be responsible for payment of any and all medical services rendered.

The undersigned understands the contents of this Waiver and Release Form and grants the permission to secure treatment along with acknowledging the Waiver and Release of Claims set out above. The undersigned acknowledges that they have the authority to execute this document and are eighteen (18) years of age or the legal guardian of a minor in the event this is being executed on behalf of a minor.

 Participant/Parent/Legal Guardian Date

 Participant/Parent/Legal Guardian Date

OFFICE USE ONLY

Amount Paid: \$ _____
 Receipt: O- _____
 Staff: _____