

Recreation Program Registration Form

Registration forms are accepted by mail, fax or walk-in at the
Metro District Parks, Recreation & Open Space Service Center

Metro District Parks, Recreation & Open Space Service Center

3280 Redstone Park Circle

Highlands Ranch, Colorado 80129 Phone: 303-791-2710 Fax: 303-471-9217

**For more information on
all recreation programs or
to register online, please
visit our website at
www.highlandsranch.org**

General Information (please print)

Father/Guardian Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Mother/Guardian Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Address check here if this is a new address _____ City _____ Zip Code _____

E-mail Address _____ unless checked, you will receive your confirmation via e-mail.
I would also like to receive the following via e-mail:
 e-Messenger Program Updates Correspondences

Emergency Contact _____ Emergency Contact Phone No. _____

Please check here if you wish to be contacted regarding ADA accommodations

Registrant's First and Last Name (please print)	Gender (M/F)	Date of Birth	Activity/Sport Name	Activity Number	School Attending	Program Fee
Total Fees \$						

Youth Sports Participants – Please complete the following (please print)

1. Are either parents interested in being a volunteer coach? no yes – Head Coach yes – Assistant Coach maybe Name: _____

2. Team/coach request? (placement with requested coach is not guaranteed) yes Name of coach: _____

3. Individual registration? yes Name of friend(s) you would like to play with? (placement with friends is not guaranteed) _____

4. Shirt Size (Not Guaranteed): **Adult** – circle one: S M L XL **Youth** – circle one: S M L

Waiver & Consent Form (Signature required for all programs)

METRO DISTRICT, HIGHLANDS RANCH INDEMNIFICATION AND WAIVER OF LIABILITY

I hereby release and agree to indemnify and hold harmless Highlands Ranch Metropolitan District, and its representatives and agents from all claims or liability for damages and/or injuries incurred by me or my child in connection with the District event or activity as described above. I further acknowledge I have independently reviewed and evaluated the risks and determined to participate in the program or allow my child to participate with full knowledge and acceptance of the risks. I understand that the District does not provide any insurance for any accidents or injuries. I also agree that any photographs taken in programs are the property of Metro District Highlands Ranch and will be used at their discretion.

In recognition of my child being accepted to play in a Metro District sponsored youth sports program, I (we) agree to read and participate in the SportParent program by following the standards of conduct for parents listed below. I (We) understand that complete information regarding the SportParent program will be provided to us, and that I (we) will be expected to abide by these standards. It is understood that if standards are not met, I (we) may not be allowed to attend games as determined by the league coordinator.

A SportParent's Conduct:

- | | |
|---|--|
| <ul style="list-style-type: none"> 1. Remain in the spectator area during competitions. 2. Don't advise the coach on how to do the job. 3. Don't coach your child during the contest. 4. Don't make insulting comments to players, parents, officials, or coaches of either team. 5. Don't drink alcohol at contests or come to one having drunk too much. | <ul style="list-style-type: none"> 6. Cheer for your team. 7. Show interest, enthusiasm, and support for your child. 8. Be in control of your emotions. 9. Help when you're asked to by a coach or an official 10. Thank the coaches, officials and other volunteers who conducted the event. |
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Signature of Participant or Parent/Guardian (if participant is under 18 years of age) _____ Date _____

Please Select Method of Payment

Check (Check No. _____) Cash Visa MC Acct. No. _____ - _____ - _____

Please make checks payable to Metro District Money Order (No. _____) Expires _____ / _____
MONTH YEAR

Cardholder Signature _____