



RecPro Customer Information Sheet

Complete the Information Below with information for Head of Household

Last Name:	First Name:	Birth date:
Address:	City/Zip	State:
Email:	Primary Phone:	Secondary Phone:
Gender: Male Female	Resident ID #: Exp Date:	Opt in Emails: YES NO Opt in Mail: YES NO

Please list the information for the other members of your household (ex. Spouse, significant other, or minor children)

1	Last Name:	First Name:	Birth date:
	Email:	Primary Phone:	Secondary Phone:
	Resident ID #: Exp Date:	Grade Level (Minors only)	Gender: Male Female
2	Last Name:	First Name:	Birth date:
	Email:	Primary Phone:	Secondary Phone:
	Resident ID #: Exp Date:	Grade Level (Minors only)	Gender: Male Female
3	Last Name:	First Name:	Birth date:
	Email:	Primary Phone:	Secondary Phone:
	Resident ID #: Exp Date:	Grade Level (Minors only)	Gender: Male Female
4	Last Name:	First Name:	Birth date:
	Email:	Primary Phone:	Secondary Phone:
	Resident ID #: Exp Date:	Grade Level (Minors only)	Gender: Male Female
5	Last Name:	First Name:	Birth date:
	Email:	Primary Phone:	Secondary Phone:
	Resident ID #: Exp Date:	Grade Level (Minors only)	Gender: Male Female

Emergency Contact

Please list at least TWO emergency contacts. For other members of your household, you may choose to be the emergency contact

I would like head of household to be listed as emergency contact for all others in household. YES NO

Name:	Relationship:	Primary Phone #:
		Secondary Phone #:
Name:	Relationship:	Primary Phone #:
		Secondary Phone #:
Name:	Relationship:	Primary Phone #:
		Secondary Phone #:
Name:	Relationship:	Primary Phone #:
		Secondary Phone #:

Medical Information and/or Important Notes
(Example: allergies, custody alert, medical conditions)

Name:	Allergies/Medical Condition:	Notes:

Are you or a family member a City of Irwindale Employee?
Please note: Verification of employment may be required

Employee Name:	Department:	Supervisors Name:
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For office use only

Resident ID CARD and/or Drivers License copy must be attached

Received By _____ Date _____

Application Entered By _____ Date _____

Data Entry Verified by _____ Date _____

Verification of City Employee Status _____ Date _____

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

Thank you for choosing to engage yourself and/or your minor child, in a program of self-improvement through involvement in one or more programs/classes/events offered by the City of Irwindale at the Dan Diaz Recreation Center. In furtherance thereof, we request that you carefully read this document, obtaining legal assistance, if necessary, in order to fully understand all of its terms and provisions. In order to fully protect your legal rights, we request that you do not sign this document unless you do so with a full understanding of its terms and provisions.

I, _____, on behalf of myself and/or minor child(ren) _____, declare that, following an evaluation of my and/or my minor child's physical condition and abilities, it is my intent to participate and/or allow my child(ren) to participate in some or all of the activities, programs, classes, use of facilities, and/or services offered by the City of Irwindale through the Irwindale Recreation Department. I understand that some or all of these activities, programs, classes, facilities, and/or services involve the use of exercise equipment or participation in strenuous activities. In that regard, I understand that each person, including myself and/or my minor child(ren), has a different ability to safely participate in such activities, classes, facilities, programs and services, and that I should consult with a medical doctor prior to my participation and/or my child(ren)'s participation. In furtherance thereof, I have evaluated my and/or my child(ren)'s physical ability to participate therein, either with or without consulting a medical doctor. Based upon such evaluation, it is my decision to go forward and participate and/or permit my child(ren) to participate and/or utilize, those activities, facilities, programs, classes and services, subject to any restrictions and/or limitations which I perceive exist with respect to my and/or my child(ren)'s physical abilities and/or past or existing state of health. In doing so, I understand that my and/or my child(ren)'s participation is entirely at my own and/or my child(ren)'s own risk and that I have not and/or my child(ren) have not been evaluated in any manner with respect to my state and/or their state of health or physical abilities, by any volunteer, employee or agent of the City of Irwindale.

I further understand that the activities, facilities, programs, classes and/or services offered by the City of Irwindale at the Dan Diaz Recreation Center may be conducted or operated by City employees and/or volunteers who may not be licensed, certified, or otherwise specifically skilled to render advice. I understand and except the fact that the skills and competency of each employee and/or volunteer will vary according to the training and experience of each and that neither the City of Irwindale, nor any of its officers, employees, agents or volunteers, make any claim whatsoever as to the abilities of said personnel. Further, I understand that neither the City of Irwindale, nor any of its officers, employees, agents or volunteers has made any representation or assessment, or recommended any treatment, with respect to any mental or physical disease or condition which I and/or my child(ren) may have, in connection with my and/or my child(ren)'s participation in the various recreation activities herein.

I have made myself aware of the nature of the activities, facilities, programs and/or services offered by the City of Irwindale through its Recreation Department. In that regard, I understand that while participating in strenuous exercise, I and/or my child(ren) may subject myself/themselves to potentially serious health risks which could result in my and/or my child(ren) suffering a serious health condition and/or death. Nevertheless, and understanding the nature of these risks, on behalf of my child(ren), hereby voluntarily assume all risks to my and/or my child(ren)'s health which could incur as a result of my and/or their participation in the activities, use of facilities, programs, classes and/or services offered by the City of Irwindale through its Recreation Department, and further, I hereby agree to hold free and harmless, waive and release, covenant not to sue the City of Irwindale or any of its officers, employees, agents, and/or volunteers, as to any and all claims for illness, bodily injury, and/or death which may accrue to me, my child, my and/or my child's successors or heirs in interest, as a result of my and/or my child(ren)'s participation in the activities, facilities, programs, and/or services offered by the City of Irwindale Recreation Department.

I hereby state and represent that I have read the foregoing, that by signing this document I understand that I may be giving up important legal rights on my and my child's behalf and that I, my child and any of my and/or my child's successors in interest will be prevented from seeking legal damages from the City of Irwindale in the event I and/or my child incur any injury, illness or death as a result of my/their participation in the activities described herein.

Dated the _____ day of _____ in the year _____

Name of Applicant/Parent/Legal Guardian

Applicant/Parent/Legal Guardian's Signature

Name of Co-Applicant/Parent/Legal Guardian

Co-Applicant/Parent/Legal Guardian's Signature

Name of Minor

Name of Minor

Name of Minor

Name of Minor