



Registration Form

COMMUNITY CENTER

15557 Fifth Street, Lathrop
(209) 941-7370
Monday – Thursday 9:00AM-6:00PM
Friday 8:00AM-5:00PM

GENERATIONS CENTER

450 Spartan Way, Lathrop
(209) 941-7372
Monday – Thursday 9:00AM-6:00PM
Friday 8:00AM-5:00PM
Saturday 12:00-5:00PM

SENIOR CENTER

15707 Fifth Street, Lathrop
(209) 941-7380
Monday – Friday 9:00AM-4:00PM

LAST NAME (PARENT/GUARDIAN)	FIRST NAME (PARENT/GUARDIAN)	HOME PHONE ()
STREET ADDRESS		CITY
E-MAIL ADDRESS		ZIP
		In Case of Emergency (Name and Phone Number) ()

Activity Name	Participant Last Name / First Name	Birth Date	Gender	T-Shirt Size Youth/Adult	Fee
TOTAL					

Does your child have special needs? YES / NO (If yes, please indicate)
Does your child have any existing medical conditions? YES / NO (If yes, please indicate)

I understand the risks involved by participating in the above activity for which I am registering, and in consideration for being permitted by the City of Lathrop to participate in the above activity, I hereby waive, release and discharge the City, its agents, volunteers, officers, and employees (hereinafter collectively "City") from any and all claims for damages for any loss, including but not limited to, personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in said activity. This release is intended to discharge in advance the City from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the released parties referenced as "City" above. I understand that this activity involves risk and danger of accidents and knowingly assume those risks by my signature below. It is further agreed that this waiver, release and assumption of risk is to be binding on my relatives, heirs and assigns. I agree to indemnify and to hold the City free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity. I hereby consent to allow my picture or likeness to appear in any official document, sponsor advertisement, or other coverage of the City of Lathrop in any manner incidental to my participation in the recreational activity without compensation to me.

PARENTAL CONSENT: (MUST be completed and signed by parent/guardian if applicant is under 18 years of age). I hereby consent that my child participate in the above activity and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the City as defined above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity. In addition, I hereby consent to allow the picture or likeness of my child to appear in any official document, sponsor advertisement, or other coverage of the City of Lathrop in any manner incidental to my participation in the recreational activity without compensation to me or my child.

Signature: _____

Parent/ Guardian for Minors under Age 18

Date: _____

THREE WAYS TO REGISTER

- Register in person at any of our Recreation Centers listed above.
- Mail registrations and payments to:
Parks & Recreation Department
15557 Fifth Street
Lathrop, CA 95330
- Online @ <https://lathrop.recdesk.com>