



**Register Early!** If a class has not met the minimum number of enrollment five (5) days prior to the start date, the class may be cancelled. Most classes have a maximum enrollment and are open on a first come, first serve basis. There will be no refund unless the class does not fill. Classes are NOT pro-rated.

Meadows Place Parks & Recreation Department reserves the right to cancel, combine, or change the time, date, or location of any program at any time.

**Registration Form**

(revised 6/16)

Mail, drop box or deliver to:  
City of Meadows Place  
One Troyan Drive  
Meadows Place, TX 77477

Make Checks Payable to:  
City of Meadows Place

For information, call:  
281.983.2935

**Please Print – Complete both front & back of this form.**

Self/Parent/Guardian: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Release of all Claims and Promise Not to Sue**

As a participant in this and any other program of the City of Meadows Place, I recognize and acknowledge that there are certain risks and I agree to assume all such risks including any damages resulting from physical injuries, death, loss of service or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connected with or associates with such programs.

In consideration of the City of Meadows Place accepting me or my child's registration, and with the intent to be legally bound, I hereby, for myself, my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have as a result of participating in this and all other programs of the City of Meadows Place. Furthermore, I promise not to sue the City of Meadows Place and agree to indemnify and hold harmless and defend, the City of Meadows Place, and its officers, agents, servants, employees, and insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss or damage to property, or any other loss which I may have or my child may have, or which may accrue to me on account of my participation in this and all other programs of the City of Meadows Place.

**Read carefully - by signing this form, you may give up important legal rights.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Parent or Guardian  
If participant is under age 18, this registration form must also be signed by a parent or guardian.

**Signature Required to Participate**

**Select Class/Activity on Back**

List each participant separately; list activity on a separate line for each participant.  
 A new form must be filled out each time payment is made for a session.

<b>Participant #1</b>	<b>First Name</b>	<b>Last Name</b>	<b>DOB &amp; Age</b>	<b>Sex</b>
<b>Class/Activity</b>	<b>Session Date &amp; Time</b>	<b>Amount Paid</b>	<b>Check Number</b>	<b>Date Paid</b>
1				
2				
3				

<b>Participant #2</b>	<b>First Name</b>	<b>Last Name</b>	<b>DOB &amp; Age</b>	<b>Sex</b>
<b>Class/Activity</b>	<b>Session Date &amp; Time</b>	<b>Amount Paid</b>	<b>Check Number</b>	<b>Date Paid</b>
1				
2				
3				

<b>Participant #3</b>	<b>First Name</b>	<b>Last Name</b>	<b>DOB &amp; Age</b>	<b>Sex</b>
<b>Class/Activity</b>	<b>Session Date &amp; Time</b>	<b>Amount Paid</b>	<b>Check Number</b>	<b>Date Paid</b>
1				
2				
3				

<b>Participant #4</b>	<b>First Name</b>	<b>Last Name</b>	<b>DOB &amp; Age</b>	<b>Sex</b>
<b>Class/Activity</b>	<b>Session Date &amp; Time</b>	<b>Amount Paid</b>	<b>Check Number</b>	<b>Date Paid</b>
1				
2				
3				