

D.C. Parks and Recreation

“WaterWizards/Registration Form”

(Please Print or Type. Complete one form per person)

PARTICIPANT

FAMILY/MEDICAL INFO

RELEASE/WAIVER

F-Name _____ MI _____
 L-Name: _____
 Preferred Name: _____
 Gender: ____ DOB: _____ Age: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 H-Ph: _____ W-Ph: _____
 C-Ph: _____ Ward: _____
 Email: _____
 Status: Senior ____ Indiv ____ Fam Mem ____

Do You have any physical/emotional concerns, allergies or medication needs? (circle one) Yes No
 If Yes, please explain in detail: _____

 Health Insurance Carrier: _____

 Policy Holder: _____
 Group: _____ ID#: _____
 Physician's Name: _____
 Telephone: _____

General Child Release Waiver

The signature below certifies that all the information contained in my child's registration is correct and true. My signature also affirms my understanding that my child's participation in DPR programs and activities may present some risk of injury. DPR assumes no liability for injuries or damages that result from my child's participation in these programs or activities. I further grant DPR and its partner agencies and organizations permission to use my child's likeness and words to describe, promote and publicize DPR programs

General Adult Release Waiver

The signature below certifies that all information contained in this registration is correct and true. My signature also affirms my understanding that participating in DPR programs and activities may present some risk of injury. DC Parks and Recreation assumes no liability for injuries or damages that result from participation in these activities. I further grant DPR and its partner agencies and organizations permission to use my likeness and words to describe, promote and publicize DPR programs and activities.

Medical Permission Form

Some DPR programs and activities require a medical doctor's permission to participate. Medical forms must be submitted before the first day of the scheduled program or activity.

EMERGENCY CONTACT

Name: _____
 H-ph: _____ Relationship: _____
 Name: _____
 H-ph: _____ Relationship: _____

I certify that _____
 my patient, is of sound mind and body, and is of adequate health to participate in the DPR Aquatics exercise/swim program.
 _____ / ____ / ____
 Physician's Signature Date

SITE/ACTIVITY INFORMATION

Activity: _____ Catalog #: _____ Price: _____ Site/Pool _____
 Activity: _____ Catalog #: _____ Price: _____ Site/Pool _____
 Payment Method: Ck _____ Credit _____ M.O. _____
 ID# _____ Issued By: _____ Expiry: _____

 (print name)
 _____ / ____ / ____
 Signature: Date:



Department of Parks and Recreation
 Kevin Anderson, Director

**Return completed registration form to:
 WaterWizard Coach, or to:
 DCPR WaterWizards
 635 North Carolina Avenue SE
 Washington, D.C. 20003
 (202) 724-4495**



Government of the District of Columbia
 Muriel Bowser, Mayor