

City of Katy Parks and Recreation Department Campout Registration Form



Participant Name(s) 1 _____ 4 _____
2 _____ 5 _____
3 _____ 6 _____

Address _____

City _____ Zip Code _____

Mobile Number _____ Home Number _____

Email Address _____

Participant(s) Birthdate(s) _____

Participant(s) Grade(s) Attending _____

Do(es) Participant have any conditions that require special accommodations? _____

If so, please describe _____

Emergency Contact Name _____

*****Please note, this must be someone not attending the event that can be contacted if needed.**

Emergency Contact Number _____

How did you find out about this program? _____

I understand that this activity (or activities) may require or cause physical, emotional and/or mental exertion. I also acknowledge that I (or my child) are physically, emotionally and mentally capable and prepared to participate in this activity (or activities) and have listed any necessary accommodations for my (or my child's) participation on the form above. Acknowledging this, I do hereby release the City of Katy and its staff and volunteers from any claims, damages, losses and/or expenses arising out of my (or my child's) participation in this activity (or activities), and assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in this activity (or activities).

Applicant Signature _____

Date _____

Guardian Signature _____

Date _____

Guardian Printed Name _____