



Town of Superior  
**Parks, Recreation and Open Space**  
**Activity Registration Form**

Town Hall ▪ 124 E. Coal Creek Drive ▪ Superior, CO 80027  
 303-499-3675 ▪ 303-494-2521(fax) ▪ www.superiorcolorado.gov

**Parent or Primary Guardian**

Last name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone Number to be Reached at \_\_\_\_\_  Home  Cell  Work

Alternate Phone Number \_\_\_\_\_  Home  Cell  Work

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**Complete This Section to Register for Programs**

Participant Name	M/F	Birthdate	Program Name	Activity Number	Fee

**Town of Superior Refund and Transfer Policy**

If cancelled by Town	100% Refund	Cancellation 1 business day after the first class	No Refund
If cancelled before registration deadline	100% Refund	Cancellations/Transfers after 1 day class	No Refund
If cancelled after registration deadline or after the first class (does not drop min.):	\$10 Fee If drops minimum: No Refund	Transfer Fee	No Cost

**Liability Release - Read Carefully**

I AGREE TO INDEMNIFY AND HOLD HARMLESS THE TOWN OF SUPERIOR, ITS OFFICERS, EMPLOYEES, AGENTS, CONSULTANTS, SUBCONTRACTORS, INSURERS AND REPRESENTATIVES (COLLECTIVELY THE "TOWN"), FOR ANY LOSS, DAMAGE OR INJURY TO MYSELF OR MY PROPERTY IN ANY WAY RELATED TO MY PARTICIPATION IN TOWN PROGRAMS. THE IS RELEASE OF LIABILITY APPLIES TO ME AS WELL AS ANY OF MY CHILDREN, PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN. I AUTHORIZE THE TOWN IN A MEDICAL EMERGENCY TO SEEK EMERGENCY MEDICAL ASSISTANCE AT MY EXPENSE. I GIVE PERMISSION TO THE TOWN TO USE ANY PHOTOGRAPHS, VIDEOTAPE OR OTHER MEDIA RECORD OF MY PARTICIPATION IN TOWN PROGRAMS FOR ANY LAWFUL PURPOSE, WITHOUT COMPENSATION.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
 (or parent/guardian)

Information provided here is for the Town of Superior use only. We do not share information with outside sources.

**Fee Information and Payment (OFFICE USE ONLY)**

Total Fees \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_  Visa/MC # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Registration Initials \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_