

Class Registration Form

Lexington Leisure Center

108 Park Road

Lexington, SC 29072

957-7828 / 957-7829

www.LCRAC.com

First Name _____ Last Name _____

Partner's Name (if couples class) _____

Parent Names (*Youth Registrations*) _____

Parent Phone Number (*Youth Registrations*) _____

Street Address _____

City _____ State _____ Zip Code _____ D.O.B. _____

Home Phone _____ Work Phone _____

Class _____ Session or Month _____

Day(s) _____ Time _____ Cost _____

WAIVER OF PARTICIPATION: By signing this registration form, I assume all risks associated with participation in this activity including, effects of weather, equipments, condition of facilities all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, myself, and anyone entitled to act on my behalf, waive and release the Lexington County Recreation and Aging Commission and all sponsors, their representatives and successors participating or my child (or children) in this activity. I also understand my photo or my child's photo may be taken for use in camp or other promotional literature. I waive the right to inspect or approve the photo if used for such purposes. I have read and understood the above waiver of participation.

Signature _____ Date _____

Staff Initials _____