Lexington Leisure Center
Monthly Class Registration Form

Class: _____

Name: _____
First *Middle Initial* *Last*

Address: _____

City: _____ **State:** _____ **Zip Code**: _____

Date of Birth: _____ **E-Mail:**_____

Primary Phone: _____ **Secondary Phone**: _____

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:_____

Participant			**Staff only**				
Month	***Days***	***Signature***	**Check/$**	**Date**	**Initials**	**Etrak**	**Ras**
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