City of Franklin Parks
VOLUNTEER REGISTRATION FORM

Family Day
Date: November 2, 2019

Student Form (under 18)

PLEASE PRINT!

Student Name_________________________________________ T-shirt Size __________

Address_____________________________________________ City/State__________________ Zip________

Student Email Address __________________________________________

Student Phone Number_________________________________ Grade ______ Male____ Female_____ 

Guardian Name__________________________________________ Cell Phone ______________________

Guardian Email Address ___________________________________ 

In Case of an Emergency: (other than guardian above)

Name (please print):_____________________________________ Relationship to youth: ____________

Phone number: ___________________________________ Cell Phone: __________________________

Hours Available: 8am-3pm 8am – 12pm 11:30pm - 3pm

Release and Waiver:
I/We the parents/legal guardian of the above child, participating in a program sponsored by the City of Franklin, hereby give my/our approval to his/her participation in any and all of the activities of the program. I/We assume all risks and hazards incidental to the conduct of the activities. I/We do further hereby indemnify, hold harmless, and forever release the City of Franklin, its mayor and aldermen, representatives, agents, servants and employees, from and against any and all claims or actions of any and all persons for judgments, losses, expenses, death, bodily injury, or damage to property which arises from or is a result of his/her participation in the Activity, negligent act, error or omission whether such claims are based in whole or in part upon the negligence of the Participant or the City of Franklin for any defect in equipment, any site condition, or any negligence by any person, including other participants.

X __________________________________________________ Date: __________________________

Parent/Legal Guardian Signature (registration incomplete without signature)

Please submit completed registration and signed form to:
City of Franklin c/o Programming
Parks Department - P.O. Box 305 - Franklin, TN 37065
Email: robert.thomas@franklinton.gov, Phone: 615 794-2103, Fax: 615 791-3250

OFFICE USE ONLY:

Received by: ___________________________ Date: ___________________________