



# SUN-EI Programa Hispano Católico Adult Registration Form 2018-2019



## Community Volleyball

Full Name (first, last): \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Race:  White  Black or African American  American Indian or Alaskan Native  Asian  
 Multi-Racial  Native Hawaiian or Pacific Islander  Other: \_\_\_\_\_

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  African Immigrant  Slavic/Eastern European

Primary language spoken at home:  English  Spanish  Chinese  Russian  Vietnamese  Other: \_\_\_\_\_

Family composition: Single person Single parent female Single parent male Two parent family  
Couple with no children Other

Head of household:  Yes  No

### Photo/Art Release

Pictures may be taken of participants or artwork may be created during classes and used in school displays, community handouts, and educational and promotional materials, which may be in print, on the Internet, or on video/audiotape.

\*\* May the program take photos of you for the above purposes? Yes  No

### Acknowledgment of Risk:

I am aware that it is not possible to foresee and prevent all potential losses arising from indoor and outdoor activities. Knowing the risks and dangers, I understand the possible consequences of participating in activities during program participation. By signing below, I hereby agree to participate in all activities with full knowledge that there are real risks of loss inherent in it. By signing below I expressly assume all risk of injury associated with participation in program activities.

As further consideration for my participation in this program, I do hereby fully and forever waive and release **El Programa Hispano Católico (EPHC)** from each and every claim, suit, action or cause of action of any kind or nature that may arise or be asserted in any way whatsoever relating to my participation in this program, and further, I shall fully and forever defend, indemnify and hold harmless **EPHC** from and against any and all claims, demands, losses, liabilities, damages, actions, causes of action, suits, judgments, costs and expenses (including court costs and attorneys' fees) in any way whatsoever arising out of or relating to my participation in this event.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me from 07/01/2018 until 06/30/2019 unless canceled in writing.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

