

**CITY OF CHARLESTON  
PARKS AND RECREATION DEPARTMENT**

**CLASS REGISTRATION**

(Please Print)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address City Zip Code

\_\_\_\_\_  
Home Phone Number Work Phone Number

Do you take any regular medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what kind? \_\_\_\_\_

For what condition? \_\_\_\_\_

Have you ever/do you now have high blood pressure or any heart or lung problem?  
Please describe below.

\_\_\_\_\_  
\_\_\_\_\_

If you answered yes, please discuss your condition with your instructor before participation in any activity or class.

What is the name and phone number of your doctor? \_\_\_\_\_

\_\_\_\_\_

I understand that there will be **NO REFUNDS** after classes start for any reason.

I hereby do declare myself to be physically sound and fully able to participate in the activities of the Charleston Parks and Recreation Department. I hereby agree to hold free from any and all liability the Department and its officers, employees, and members and do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge any all rights and claims for damages which I may have or which may accrue to me arising out of or connected with my participation in any activities of the Department.

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Class Day(s) Time