



**City of Reno  
Parks, Recreation & Community Services**

Administration Office – City Hall 1 East 1<sup>st</sup> Street, 11<sup>th</sup> Floor, Reno NV 89501 - 775-334-2260 Fax: 775-334-2449  
Evelyn Mount Northeast Community Center – 1301 Valley Road, Reno, NV 89512 – 775-334-2262 Fax: 775-321-8338

**Household Account Form - (Valid through May 31, 2018 - please update if customer changes occur)**  
**Please print clearly and list ALL members of household – youth included**

Barcode #8038

**Main Adult Contact** (LAST) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  Male  Female Access for all?\*  Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day # \_\_\_\_\_ Evening # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_ **Separate Accounts needed?:**  Mom's Account  Dad's Account?

**Adult Contact** (LAST) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  Male  Female Access for all?\*  Yes  No

Day # \_\_\_\_\_ Evening # \_\_\_\_\_ Cell # \_\_\_\_\_

**Name** (LAST) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  Male  Female Access for all?\*  Yes  No

**Name** (LAST) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  Male  Female Access for all?\*  Yes  No

**Name** (LAST) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  Male  Female Access for all?\*  Yes  No



**\*Access For All** Services are provided to people of all abilities. If you need a reasonable accommodation, please inform staff at registration at least five business days prior to the start date of the program/class. Each request will be assessed in compliance with the ADA. Checking Yes to Access for all?\* means the household member will require assistance or special accommodation to participate in an activity. A supplemental information packet must be filled out and returned to the Inclusion Office (334-2262).

**Additional persons who may be called in an emergency**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Waiver and Release**

**Please read the entire contents of this document before signing as it has a significant effect on your legal rights. This document is intended to protect the City of Reno and its employees from all liability related to participation in City programs.**

By signing this form you agree to pay the fees and any additional charges as described in program related materials. In addition, you agree to pay a service fee of \$30 **for any returned payment** and if your account is unpaid and turned over to a collection agency, you agree to pay an additional charge of 20% of the principal balance for collection costs.

**Unconditional Waiver:** I (parent/guardian) on behalf of myself, my spouse, my parents and my children, agree that in the event I or my child/ward sustains personal injury or property damage as a result of participation in any program offered through the City of Reno, Parks, Recreation & Community Services Department, that the City of Reno and its employees will not be liable for such injury or damage.

**Assumption of the Risk:** I understand that it is my responsibility to inquire about the parameters of a program's activities and to assess the ability of myself and my child/ward to safely participate in the program. I further understand that certain activities are potentially dangerous, and I assume on behalf of myself and my child/ward all risks associated with participation in any program.

**Effect:** I understand that this Waiver and Release is binding as to my family members, heirs and executors. In case of medical emergency, accident or illness, the City of Reno staff has permission to secure medical attention as deemed necessary and staff will communicate with parent, guardian or emergency contact.

I acknowledge that I will read and become familiar with the program policy information, and I agree to abide by the terms and requirements described therein. I further agree that if I do not understand any portion of the material I will call the Administration Office for further explanation.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (revised date 5/3/16)