

## 2012 Healthy YoUth Registration Form

Child's Name First,	Last	Address	
City	State	Zip Code	
Childs Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Childs age as of June 1, 2012
Name of Parent/Guardian			
Main Phone Number	Parent/Guardian Work Number		
Emergency Contact Name and Phone Number			

**SUMMER CAMP**  
**Youth 8 -12 years old**  
**(please check all camps you plan to attend)**

\_\_\_\_\_ **Aviation Camp: Hang-Gliding/Paragliding (June 18-22) \$25.00**

\_\_\_\_\_ **Model Rockets & Aerospace Education: Rocketry (June 25-29) \$25.00**

\_\_\_\_\_ **Balloon Camp: Hot Air Ballooning (July 9-13) \$25.00**

**Total Fees** \_\_\_\_\_

**Please return registration form and payment (check, cash or credit card) to the Albuquerque Golf Training Center located at 9401 Balloon Museum Drive NE before the starting date of the program. You can email the registration form to [aceves@cabq.gov](mailto:aceves@cabq.gov) but payment must be made in full by the start date of the camp in order for child to participate. Credit cards are accepted over the phone (505) 857-8437. Payment can also be mailed to 1801 4<sup>th</sup> St. NW, Albuquerque NM 87102.**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

The City of Albuquerque does not discriminate on the basis of race, color, national origin, sex, ancestry, religion, age or disability, in employment or the provision of services. Persons with

special needs may call 291-6239 so special arrangements can be made.  
TTY users call NM Relay 1-800-659-8331

## HOLD HARMLESS AGREEMENT

I hereby request that my child \_\_\_\_\_ be permitted to participate in the City's Health YoUth Program. If our request is granted I understand and agree to hold harmless the City of Albuquerque, Parks and Recreation Department, Employees and Contractors and those assisting in the Health YoUth Program from any claims, suits, actions or causes of action arising out of any accident/incident or conduct involving me or my child, this includes but is not limited to the costs and reasonable attorney's fee associated with any claims, suits, actions, or causes of action.

Parent/Guardian Signature: \_\_\_\_\_

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