



**PUNJABI CULTURAL ASSOCIATION
OF CENTRAL VALLEY
FRESNO, CA.**



Non Profit Organization

Giddha , Bhangra & Other Activities Registration Form

PLEASE PRINT CLEARLY

Participant's Name: _____ DOB: ____/____/____ Age: _____

Circle one: Male / Female Phone #: ()..... Cell Phone #: ().....

Parents or Legal Guardians Name: _____

HOME ADDRESSES			
Home Address _____			
STREET		APT#	
CITY	STATE	ZIP CODE	
E-mail Address _____			

Participant's Physician Information

Name:..... Address :

Office Phone : ()..... Emergency Phone : ().....

P.C.A. Fresno All Activities Policies

Please read them carefully and sign.

I, have enrolled

(Parent/Guardian/Participant)

in a program of strenuous physical activity, offered by P.C.A. Fresno. I hereby affirm the above named student(s) are in good physical condition and do not suffer from any disability that would prevent or limit participation in this exercise, dance or any other activities on the premises. I, for myself, the student(s) named above and assigns, hereby release P.C.A, Fresno, its officers/directors, their families, employees and volunteers from any and all claims, demands and all causes of action arising from my or the above named person's participation in any program provided by P.C.A. Fresno. I hereby release P.C.A. Fresno, its officers/directors, their families, employees and volunteers from any liability now or in the future for any and all injuries that occurs from participation in any of the programs offered by P.C.A. Fresno or at any time, while in the vicinity of the premises or in any activity sponsored, represented or organized by P.C.A. Fresno I also understand that photos and videos may be taken throughout the year and these images may be published or used for advertising and promotional purposes by P.C.A. Fresno and its agents. I understand I will not be able to protest any such use or receive compensation of any type for use of these pictures. I also allow P.C.A. Fresno to take advantage of the full time for the above student to learn and accelerate in their areas without direct parent involvement. By signing below, I hereby affirm that I have read, fully understand, and agree with the above waiver and Organization policies.

Sign: _____

Date: _____

Parent / Guardian / Participant

Email: info@pcfresno.com

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