CLASS REGISTRATION FORM

Adult/Guardian Name (last, first): _____

Address: _____ **City:** _____ **Zip:** _____

Day Phone: _____ **Night Phone:** _____ **Emergency:** _____

(Required: Best Contact Phone Number)

Opt-in to receive text messages alerts: ☐ Yes ☐ No

Email (required)**:** _____

Please use separate registration forms for participants from different families and/or address.

FIRST CHOICE SESSION CODE	SECOND CHOICE SESSION CODE	ACTIVITY NAME	PARTICIPANT NAME LAST, FIRST	DATE OF BIRTH	FEE + NON-REFUNDABLE PROCESSING FEE	
						+$2.50
						+$2.50
						+$2.50
						+$2.50
						+$2.50

Recreation Scholarship Program opportunities available!
Call (650)829-3800 for more information.

*Those 62 and over may deduct 20% off the resident rate

$5.00 Donation to Scholarship Fund

TOTAL

Waiver and Release of Liability – Please Read and Sign

DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND.
I agree that my participation in the City of South San Francisco Recreation Classes is voluntary and that I assume all risk of injury, illness, damage, or loss to me or to my property that might result from my participation. I further agree (on behalf of myself and my family members, personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the City of South San Francisco and its officers, employees, and agents, from any and all claims, liability, loss, penalties, expenses and costs (including attorney's fees), or causes of action (known or unknown) (collectively, "Liability") arising out of my participation, except to the extent that such Liability is caused by the gross negligence or willful misconduct of the City. Further, I give the City of South San Francisco permission to use any photos or videos of the participant taken during Program for promotional purposes. Finally, I understand that any and all activities, including but not limited to additional practices, performances, travel, private gatherings, etc., that take place outside of the class scope, days, times, and locations as set by the City are not a part of the City Recreation Class and are not affiliated with the City of South San Francisco and its Parks and Recreation Department. If I choose to participate in such outside activities not affiliated with the City, I do so at my own risk and fully assume all responsibilities and risks associated with such participation. I understand that refunds must be requested one week before the class start date, and no refunds will be given after the first class unless the class(es) are full or cancelled by the Recreation Department. A service charge of $10.00 per class will be made for all refunds requested by the participant.
I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY ACKNOWLEDGING THIS WAIVER, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST THE CITY FOR NEGLIGENCE.

Signature _____ **Date** _____

Do you have special needs that require specific accommodations so you can fully enjoy one of our classes or facilities?
☐ YES, please contact me about disabled services.

There are three ways to pay:

1) Make Check/Money Order Payable to **City of South San Francisco**

2) Charge to Visa, Mastercard, Discover, or card on file. List the following information:

Card ending (last 4 digits) ___ ___ ___ ___

Cardholder's Name _____

Signature _____

3) Cash in the exact amount