

CLASS REGISTRATION FORM

Adult/Guardian Name (last, first): _____

Address: _____ City: _____ Zip: _____

Day Phone: _____ Night Phone: _____ Emergency: _____

(Required: Best Contact Phone Number)

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 + PROCESSING FEE
					+\$2.25
					+\$2.25
					+\$2.25
					+\$2.25
					+\$2.25
					+\$2.25
					+\$2.25
					+\$2.25
<i>*Those 62 and over may deduct 20% off the resident rate</i>					
<i>\$5.00 Donation to Youth Scholarship Fund</i>					
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 of the participant taken during Program for promotional purposes. **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST THE CITY FOR NEGLIGENCE.** I understand that refunds must be requested one (1) week prior to the class start date and no refunds will be given after the first class meeting, unless class(es) are full or canceled by the Recreation Department. A service charge of \$10.00 PER CLASS will be made for all refunds requested by the participant.

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 two ways to pay:

- 1) Make Check/Money Order Payable to **City of South San Francisco**
- 2) Charge to Visa, Mastercard, or Discover. List the following information:

Card Number _____ Exp. Date _____

Cardholder's Name _____

Signature _____