REGISTRATION FORM City of Santa Clara Parks & Recreation Department

 □ Complete this registration form and sign liability release on the other side. □ Make payment for the full amount due: □ Check or money order to "City of Santa Clara." Cash or credit card can be processed in person at the CRC, Teen Center, or □ Youth Activity Center prior to submitting mail-in packet. □ Provide proof of residency: 						Submit registration packets to:		
Pre-printed check, current utility bill, copy of valid driver's license, or current Santa Clara Unified school report card. Families may submit registrations in the same envelope if they wish to be processed together; send a separate registrati form and proof of residency for each family.					Registration, Community Recreation Center 969 Kiely Blvd., Santa Clara, CA 95051 Registration questions: (408) 615-3140			
Parent/Adult Contact (Main Account Holder) Name	Information:				New Account? Yes	No		
Last	First City			_				
		0. ()						
Provide your email address (for Online Regis								
Local Emergency Contact: Name								
Last Home No. ()	Work N	lo. ()	First Cell No. (()				
PARTICIPANT'S	BIRTH DATE	COURSE/ACTIVITY NAME	COUR	SE/ACTIVITY NUMBERS		FEE		
FIRST & LAST NAME			1st Choice	2nd Choice	3rd Choice			
Example: Sally Jones	7/1/75	Oil/Acrylic Painting	11861	11862	11863	00	00	
					e fee for MAIL-IN Y REGISTRATION		50	
Please indicate any allergies disabilities/s	necial needs or acco	mmodations needed below. The instructor o		THUIS SEEVEN	Subtotal			
may contact you for further information.	poolar riocas, or acco	minodationo nocaca poloni. The modatice o	i otan	Deduct Curre	nt Credit Balance			
Participant's name: Total Fees Due								
Needs/instructions:					lotar i oco Buo			
Participant's name:								
Needs/instructions:								
			Co	ببطانطونا ملواميين	alease on other s	:da af +b:		

RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

In consideration of the acceptance by the City of the application for entry into the classes or activities listed on the Registration Form on the reverse side of this Agreement and entry to and use of any facilities or equipment as part of these classes or activities, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release Agreement is intended to discharge in advance the City of Santa Clara, its City Council, officers, agents, and employees, the Santa Clara Unified School District, its School Board, officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities and entry to and use of any facilities or equipment, even though that liability may arise out of NEGLIGENCE or CARELESSNESS, on the part of the persons or entities mentioned above.

I HAVE READ THE DESCRIPTION IN THIS CATALOG OF EACH CLASS OR ACTIVITY FOR WHICH I HAVE REGISTERED, AND I AM AWARE THAT THESE CLASSES OR ACTIVITIES MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO, THROUGH NEGLIGENCE OR CARELESSNESS, MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE OR ASSIGNS.

It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE and ASSIGNS and is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully READ this Agreement and fully understand its content. All participants registered in classes or activities, including minors 13-17 years of age, must sign this Agreement. Adults participating in Parent-Child activities must sign below as adult participants in addition to the parent portion of this release Agreement.

Date:	
ADULT PARTICIPANTS, INCLUDING THOSE PARTICIPATING IN PARENT-CHILD CLASS	SSES, SIGN BELOW
Signature:	Print Name:
Signature:	Print Name:
PARTICIPANTS, AGE 13-17, SIGN BELOW	
Signature:	Print Name:
Signature:	Print Name:
TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR PARTICIPANTS	
I have fully read this Agreement and fully understand its content. Furthermore, the has been EXPLAINED TO THE MINOR.	e significance of this release of liability and assumption of risk agreement
I certify that I have custody or am the legal guardian of said minor and that I and/In the event I or said minor requires medical treatment while under the supervision authorize medical treatment. I expect City staff to contact me immediately in the contact is not necessary to administer emergency aid. I will pay for all medical treatment is compensation for use of such pictures or video.	on of City staff and/or agents, I authorize said staff to provide and/or event emergency medical treatment is required for said minor, but this eatment which I or said minor may require. I hereby grant permission to
Signature of parent or guardian:	Date:
Print parent/guardian name:	
Address:	
Please indicate whether you are signing as: ☐ Parent ☐ Guardian	