



Activity Registration Form

Redwood City Parks, Recreation & Community Services



The City's Liability Waiver and Photo Release portion must be signed by all parent/guardians or participants 18 and over. Registrations with unsigned waivers will not be processed. Thank you!



Fax Number:
650.364.9980

1. Primary Contact (Adult)

COMPLETE ENTIRE FORM

Mr. / Ms. / Mrs. _____ Gender (circle) **M** **F**

Street Address _____

City _____ Zip _____ Email Address _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Emergency Contact _____ Relationship (grandparent, friend, etc.) _____

Emergency Daytime Phone (____) _____ Emergency Evening Phone (____) _____

2. Activity Registration

PARTICIPANT'S NAME First & Last (1 line per participant)	DATE OF BIRTH (mm/dd/yy)	GENDER (circle)	CLASS NAME	CLASS #		FEE
				1 st Choice	2 nd Choice	
1.		M F				
2.		M F				
3.		M F				
4.		M F				
5.		M F				
6.		M F				



Do you have any special needs that require specific accommodations so you can fully enjoy one of our classes or facilities?

If YES, please check here.

Total Fees \$ _____

I wish to donate to the Youth Scholarship Fund + \$ _____

Less Credit on Account - \$ _____

TOTAL \$ _____

3. PAYMENT

CREDIT CARD



CHECK

Card # _____ Exp. Date _____

Signature X _____

Name on Card (print) _____

Payable to: CITY OF RWC

\$15 returned check fee

CASH

4. LIABILITY WAIVER & PHOTO RELEASE

The undersigned agrees to indemnify and hold harmless, the City of Redwood City, Its Council, Officers, Boards, Commissions, Agents and Employees for any loss or liability which results or is alleged to have resulted from my participation in this program. I/we agree to allow use of my/our photograph in program publicity. I have read and fully understand these policies.



Signature _____ Date _____

Self Parent Guardian