



# 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. \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle) M F

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_ Check box to receive promotional emails

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone Carrier (if you wish to receive important text alerts- ATT, Verizon, etc.): \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Relationship to participant \_\_\_\_\_ Emergency Daytime Ph:(\_\_\_\_) \_\_\_\_\_ Emergency Evening Ph:(\_\_\_\_) \_\_\_\_\_

### 2. ACTIVITY REGISTRATION

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

**LIABILITY WAIVER** (all classes require the signature of each Registering Adult or the Parent or Guardian of any Minor(s). Permission to participate in the following programs, including associated travel sponsored by the City of Redwood City Community Services Department is given for me and/or child as named below. In consideration of participation in these programs, I hereby indemnify and hold harmless and release the City of Redwood City, its agents, its employees and volunteers working for the City, from any and all liability for injury suffered by me or my child arising from or connected with these programs. I assume all risk for any injuries. I sign of my own free will. **Sign Below**

**PHOTO RELEASE:** I/we agree to allow use of my/our photograph in program publicity. I have read and fully understand these policies. **Initial Below**

<input checked="" type="checkbox"/>	Waiver Signature	Photo Release Initial	2nd registrant's signature (if 2 adults register on the same form)
	Print Name	Date	Print Name
		Date	Date

### 4. PAYMENT



CREDIT CARD

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code (3 or 4 digit #) \_\_\_\_\_

Signature X \_\_\_\_\_

Name on Card (print) \_\_\_\_\_

CHECK

Payable to: CITY OF RWC

\$15 returned check fee

CASH