

REGISTRATION FORM

Adult/Parent/Guardian

First Name:			La	st Name:			
Address:			City:		:	Zip Code:	
Home Phone: ()	Work Phone: ()	Cell F	Phone: ()	
Email Address:				Can we email yo	u about our	programs? *YES *No	0
Emergency Contact (other than	Parent/Guardian ph	one n	umber	s noted above)			
Full Name:	:			onship:	Phone: ()		
Participant Information Does your child have any physical/co	gnitive disabilities	? If so	o, plea	se list and explain. *YE	5 *NO		
Participant's Full Name	Date of Birth	Gr	M/F	Activity Name or Code	Time	Location	Fee
Consent and Release from Li	 iahility					TOTAL FEES \$	
Inconsideration of permission to participassigns, agree to release, defend, indem claims, demands, liability, damages, law out of or in any way connected with my p	pate in Recreation Point of the American Point Office Point of the American Point of the	ess th	e City, uding	its officers, agents, volunt but not limited to, persona	eers and er Il injury or d	nployees from and a leath or property da	l ngainst any
Signature of Parent/Guardian/Self:					D	ate:	
(initial) I have read, underst	and and agree to th	ne City	of Be	rkeley Recreation Division	n Refund Po	olicy.	
Photo Release: I give my consent materials and/or its website.	to allow the City o	f Berk	eley to	o use any photographed i	mages of n	ny child/self in pror	notional
Signature of Parent/Guardian/Self:					D	ate:	
		For	Office	Use Only			
*Cash *Credit Card Processed *Ch	neck #	_Recei	pt #	Proces:	sed by	Date	

PLEASE NOTE: Registration is not complete until full payment is received. To pay by credit/debit card, please call (510) 981-5150 or visit a Recreation Customer Service Hub.