Registration Form

PLEASE PRINT CLEARLY (Form may be duplicated, only same family members on each form)

Primary Contact (Adult)

First Name _____ **Last Name** _____

Residential Address _____

City _____ **Zip** _____ **Email** _____

Primary Phone (____) _____ **Birthdate (MM/DD/YYYY)** _____ **Gender** **M / F / NB* non-binary**

Activity Registration

PARTICIPANT NAME First & Last	BIRTHDATE (mm/dd/yy)	GENDER (circle)	ACTIVITY #	ACTIVITY TITLE	FEE
		M F NB			
		M F NB			
		M F NB			
		M F NB			
		M F NB			
		M F NB			

If you have a disability and/or need special assistance, please notify the Recreation Office TOTAL FEES $ _____

Payment

Office use only: Receipt # _____

☐ **Credit Card** ☐ **Check** (payable to "City of Campbell") ☐ **Cash** (walk-in only)

_____

NAME ON CREDIT CARD (billing address for credit card must match residential address above)

_____ _____

CREDIT CARD NUMBER (all 16-digits) EXPIRATION DATE (MM/YY) / CVV

Medical Release: Pursuant to provisions of sec. 6910 et seq of the California Family Code and other applicable laws, I hereby authorize the City of Campbell Recreation & Community Services Department to procure and consent to, medical, hospital or dental care for myself or my child in the event of injury as a result of participation in this program. **Waiver & Release of Liability:** In consideration of my participation, **I hereby release, discharge and covenant not to sue** the City of Campbell & their officers, employees and volunteers, **from any and all present and future claims**, demands, actions, or causes of action resulting from any accidents, injuries, deaths, or loss of and/or damage to my/our person(s) or property arising out of or connected with my/our participation in the above activity (ies) (except for claims legally caused by the sole negligence or willful misconduct of the City or others listed above). **I hereby voluntarily waive any and all claims resulting from ordinary negligence**, present and future, that may be made by me, my family, estate, heirs, or assigns. Further, I am aware that this activity may involve certain risks or possible dangers, including death, & that equipment provided for my protection may be inadequate to prevent serious injury. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death. I further agree to indemnify and hold harmless the City of Campbell & others listed above for any & all claims arising as a result of my engaging in this activity. I understand that this waiver will continue in full legal force and effect. I further agree the venue for any legal proceedings shall be in California. I affirm I am of legal age and am freely signing this document. **I have read this form and fully understand that by signing this form, I am giving up legal rights** and/or remedies which shall be available to me against the City of Campbell or any of the parties listed above. The City is not responsible for lost or stolen articles. **Refunds,** less $2.00 for flex class/$10.00 for other class admin. fee, will be given to registered participants who cancel up to five (5) business days in advance of a class start date. Cancellations less than 5 business days notice will not receive a refund.

Concussion Protocol: In accordance with AB2007 our agency follows the guidelines and protocols set forth for all head injuries incurred in one of our programs. For more information please visit: www.cdc.gov/headsup

Photo/Video Release: I agree to allow the use of my photograph or my child's photograph for program publicity. If you would like to opt-out of the photo release please go to campbellca.gov/recreation and fill out the online form.

X _____ Date _____

Signature (Read before signing) ☐ Participant ☐ Parent ☐ Legal Guardian

Email or Fax Form▶ recreation@campbellca.gov or (408) 866-2795