



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 _____ GENDER (CIRCLE) M F

CITY _____ ZIP _____ EMAIL _____

PRIMARY PHONE (____) _____ ALTERNATE PHONE (____) _____ BIRTHDATE ____/____/____

ACTIVITY REGISTRATION

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

IF YOU HAVE A DISABILITY AND NEED SPECIAL ASSISTANCE, PLEASE CHECK HERE 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) _____

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 www.cityofcampbell.com/recreation and fill out the online form. **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 & Campbell Redevelopment Agency, 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 a \$10.00 admin. fee, will be given to registered participants who cancel up to 5 business days in advance of a class start date. Cancellations less than 5 business days notice will not receive a refund.

X _____ Date _____
Signature (Read before signing) Participant Parent Legal Guardian

 EMAIL OR FAX FORM ► recreation@cityofcampbell.com or (408) 374-6965