



Registration Form

City of Sacramento

Yes, I have moved and my new address is below:

Payer Information

Payer's Name:		Home Phone:	
Address:		State:	Zip:
Email address:			
Participant Name:	Grade:	Age:	DOB:
Parent/Guardian Name:		Emergency Phone:	

Course Registration

Course #	Activity Name	Location	Time	Start Date	Fee
					\$
					\$
					\$

Hold Harmless Agreement for Participation in City of Sacramento Programs

Hold Harmless Agreement: I understand that serious accidents occasionally occur during recreation programs. Knowing the risk and in consideration of being permitted to participate in City of Sacramento recreation programs, I agree to assume all risks connected therewith. I agree to release and discharge in advance the City of Sacramento, its officers, employees and agents from any and all liability for personal injury, shall remain in effect until revoked in writing. I also assume full responsibility for the above child's behavior and agree to pay for all damages to property or person caused by the aforementioned. If a participant's behavior interferes with the program, I will be contacted. Further disciplinary problems may result in expulsion from the program.

Refunds/Cancellations/Transfer: The City of Sacramento reserves the right to cancel, combine or divide courses; to change the time, date or place of courses; to change the instructor; and to make other changes which become necessary to ensure a quality experience for the participants. Participants will be notified if the course is filled or canceled. Our staff will assist you in selecting another activity, registering for another course or receiving a refund. If insufficient enrollment causes an activity to be cancelled or in the event that the staff must cancel a course for which you have registered, we will contact you and offer you an option of transferring to another session or receiving a full refund check by mail in 3 weeks. No requests for refunds or transfers will be accepted after an activity has started, except in case of the participant's illness, supported by written documentation from the family physician. If you cancel or request a transfer prior to the start of the activity a \$5 processing fee per participant, per course will be assessed.

Permission for Medical Treatment: In case of an accident or injury, I authorize a staff member of the City of Sacramento to call the 911 emergency number. I give my consent to any medical treatment felt necessary by an attending physician for the physical well being of the child mentioned above. I further understand that the responding medical emergency team will provide emergency treatment as they deem necessary for the safety and protection of my child at my expense.

Consent to Photograph, Film or Tape: I agree to have photographs, films, videotapes or tape recordings taken of me or minor child registered under my signature while participating in the City of Sacramento programs. I permit these photographs, films or tapes to be released to be used in publications, promotional materials, web site, and for other public information purposes by the City of Sacramento. If I do not consent staff leading the program for which I am registered must be informed of and record my non-consent.

Privacy Statement: The information provide is accessible only by Recreation staff. Course coordinators and instructors will receive only the name, current age, address, and phone numbers of participants. Email addresses will only be used for Department correspondence related to your registration, program promotions, and upcoming events. Your information will not be shared with other agencies, departments, businesses or individuals except as required by law.

Signature

Parent/Adult Signature:	Date:
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Payment Information

Amount Due:	Entered by:
Check or Money Order#:	Cash: \$_____
Visa/MasterCard #:	Expiration Date:
Verification Code (Last 3 digits on signature strip):	
Authorized Signature:	