



Parks, Recreation & Waterfront Department
 Recreation Division
 2701 Telegraph Avenue
 Berkeley, CA 94705
 TEL: 510-981-5150 TDD: 510-981-6903 FAX: 510-981-5160

REGISTRATION FORM

Adult/Parent/Guardian

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email Address: _____ Can we email you about our programs? YES NO

Emergency Contact (other than Parent/Guardian phone numbers noted above)

Full Name: _____ Relationship: _____ Phone: () _____

Participant Information

Does your child have any physical/cognitive disabilities? If so, please list and explain. YES NO

Participant's Full Name	Date of Birth	Age	M/F	Activity Name or Code	Time	Location	Fee
TOTAL FEES \$							

Consent and Release from Liability

In consideration of permission to participate in Recreation Programs, I for myself, heirs, successors, and assigns, agree to release, defend, indemnify and hold harmless the City, its officers, agents, volunteers and employees from and against any claims, demands, liability, damages, lawsuits or other actions, including but not limited to, personal injury or death or property damage arising out of or in any way connected with my participation or the participation of my child/ward in Recreation Programs.

Signature of Parent/Guardian/Self: _____ Date: _____

Photo Release: I give my consent to allow the City of Berkeley to use any photographed images of my child/self in promotional materials and/or its website.

Signature of Parent/Guardian/Self: _____ Date: _____

For Office Use Only			
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card Processed	<input type="checkbox"/> Check # _____	Receipt # _____ Processed 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.