



Parks, Recreation & Waterfront Department  
 Recreation Division  
 1947 Center Street, 1st Floor  
 Berkeley, CA 94704  
 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
<b>TOTAL FEES \$</b>							

### I hereby authorize the use of my credit card

Visa  Mastercard   
 [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ]   
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 [ ][ ] - [ ][ ]  
 Verification Code                      Expiration Date

## 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: \_\_\_\_\_

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