



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	Gr	M/F	Activity Name or Code	Time	Location	Fee

Consent and Release from Liability

TOTAL FEES \$

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: _____

_____ (initial) I have read, understand and agree to the City of Berkeley Recreation Division Refund Policy.

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			
* Cash	* Credit Card Processed	* 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.