



SAN RAFAEL
THE CITY WITH A MISSION

Activity Registration Form

City of San Rafael

The City's Liability Waiver and Photo Release portion must be signed by all parent/guardians or participants 18 and over. Registrations with unsigned waivers will not be processed. Thank you!

1. PRIMARY CONTACT (Adult)

COMPLETE ENTIRE FORM

Name of Primary Contact _____ Birthdate _____

Street _____ City _____ Zip _____

Email Address _____

Primary Phone () _____ Secondary Phone () _____ Cell Phone () _____

Emergency Contact _____ Relationship to Participant _____

Emergency Daytime Phone () _____ Emergency Evening Phone () _____

2. ACTIVITY REGISTRATION

PARTICIPANT'S NAME First & Last (1 line per participant)	DATE OF BIRTH (mm/dd/yy)	COURSE NAME	COURSE #	FEE
1.				
2.				
3.				
4.				
5.				

Total Fees \$ _____

Please note any allergies and/or medications:

I wish to donate to the Youth Scholarship Fund + \$ _____

Total \$ _____

3. LIABILITY WAIVER & PHOTO RELEASE

HOLD HARMLESS AND RELEASE AGREEMENT The undersigned on behalf of himself/herself and on behalf of any child enrolled by the undersigned in the program, in consideration of participation in this program, agrees to indemnify and hold harmless, and to release, waive, and discharge, the City of San Rafael out of or in any way connected with participation by the undersigned or the enrolled child in this program, including injuries due to the active or passive negligence of the City, its offices, and employees. I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME RISKS FOR ANY INJURIES AND PROPERTY DAMAGE SUFFERED. I also certify that I (or my children) are knowledgeable as to all rules of conduct appropriate to the above-mentioned activity. Neither I nor my child has any physical illnesses, conditions, disabilities or weaknesses that would interfere with safe participation in the activity. I recognize that bodily injury and/or property damage may be sustained through participation in this activity and acknowledge that I/we voluntarily accept all risks of injury to persons or property.

Applicant's Signature _____ **Date** ____/____/____

PHOTO RELEASE By initialing, I do also hereby give my permission to the City of San Rafael to use any and/or all photographs of myself and/or my children for future agency publications. I understand that my name or my children's name(s) will not be published at any time in any publications. I give my permission for a photograph of my child to be used for City of San Rafael marketing purposes. **Initial** _____

4. PAYMENT



Credit Card

Card # _____ Exp. Date _____

3-digit code on back of card _____

Signature _____

Name on Card (print) _____

Check

Payable to: City of San Rafael

Mail to:
San Rafael Community Center
618 B Street
San Rafael, CA 94901