Monterey Recreation
REGISTRATION

546 Dutra Street, Monterey, CA 93940
Phone: (831) 646-3866 Fax: (831) 646-3880
www.monterey.org/rec

Waiver (all classes require the signature of each registering adult or the parent or guardian of any minor(s).) In consideration for being allowed to participate in City of Monterey recreational programs, I, the undersigned, agree to indemnify, hold harmless, and release the City of Monterey, its employees, agents, independent contractors, volunteers, officials, and officers (collectively the "City") from negligence, excepting gross negligence, and any and all liability for any injury which may be suffered by me, my minor child(ren), or any member of my household account (hereinafter collectively the "Household Members") arising out of, or in any way connected to participation in any City sponsored recreational program and agree to refrain from bringing any claim, lawsuit or other proceeding against the City stemming from any such personal injury. I agree to take responsibility to ensure that all Household Members enroll in activities at the appropriate level for their physical abilities and medical conditions and fully understand that I and Household Members assume all risks for any injuries received. I expressly acknowledge that risks, known and unknown, are inherent in recreational programs. I authorize the City of Monterey employees and agents to seek emergency medical care, as they deem necessary, for any Household Member participating in any City sponsored recreational program and agree to be responsible for all costs incurred. I acknowledge that the City may take publicity photographs and/or recordings of any City sponsored activity or event and hereby authorize the use of any Household Member's image for this purpose. If any term, clause, or provision of this Release of Liability is held to be illegal, invalid or unenforceable, the remainder of this Release of Liability shall not be affected thereby, and shall be enforceable to the fullest extent permitted by law. **I have read and understand the above agreement and fully assume all risks for any injuries received.**

Print Name □ Participant □ Parent □ Guardian	Print Name Date
Signature (required to register) Date	Second registrant's signature (if two adults are registering on the same form)

Primary Adult Contact (Please Print)

Last Name: First Name:	Home Phone:	Cell Phone:
Address: City: Zip:		Email Address:

Activity Session Information

Participant's Last Name	Participant's First Name	M/F	Date of Birth	Grade	Activity Name	Activity #	Fee

Special Medical Instructions (Please specify participant)	Doctor's Name	Phone

Withdrawl and Transfer Requests: No refunds will be given after the class begins. Refunds given if notified before the class begins. A 25% service charge will be assessed to each activity cancellation. Full refunds will be given if class is cancelled by Monterey Recreation. Whispering Pines Day Camp, Camp Quien Sabe Youth Overnight Camp and Family Camp Weekend, Field Sports programs, Golden 55 Travel Program, drop-in classes, one-day workshops and facility rentals are subject to separate withdrawal guidelines.

Help Support: ___ Whispering Pines Day Camp ___ Camp Quien Sabe ___ Monterey Sports Center By Donating $_____

Payment Information: Check # _____ (Payable to: City of Monterey) Cash _____ Charge _____ **Total Amount: $_____**

MC/Visa/Discover/American Express No.	Expiration:	Print Name:	Signature:

NEW ACCOUNT or CHANGES IN ESTABLISHED HOUSEHOLD

RESIDENTS: We ask for residency verification as we allow residents to receive discounted rates. Please submit a copy of your driver's license. If however, your driver's license does not show your current Monterey address, then a utility bill, lease agreement or phone bill plus photo ID is acceptable. Residency verification can be faxed to (831) 646-3880 or scanned as an attachment and emailed to reconline@ci.monterey.ca.us

Name:	Email Address:	M/F	
Spouse's Name (if applicable)		M/F	
Address:	City:	Zip:	
Home Phone:	Work Phone:	Cell Phone:	
Emergency Contact:	**Contact Phone:**		
Child's Name:	Birth Date:	M/F	Grade:
Child's Name:	Birth Date:	M/F	Grade:
Child's Name:	Birth Date:	M/F	Grade:
Child's Name:	Birth Date:	M/F	Grade:

If you are a Monterey Resident, don't forget your proof of residency - FAX to (831) 646-3880 or email to reconline@ci.monterey.ca.us