

Registration Form

Register for all classes at the Recreation and Community Services Office except for Monterey Sports Center programs and classes noted otherwise.

To register for classes at the Monterey Sports Center, please see the Monterey Sports Center section beginning on page 46.

REMINDERS:

- Payment of all class fees must be attached. ● Make all checks payable to: CITY OF MONTEREY.
- Proof of residency must accompany registration form. ● Mail form, check and self-addressed stamped envelope to:
MONTEREY RECREATION AND COMMUNITY SERVICES DEPARTMENT
REGISTRATION • 546 DUTRA STREET • MONTEREY, CA 93940

NOTE: If self-addressed stamped envelope is not enclosed, the Department is not responsible for notifying you of your class registration.

REFUND POLICY:

- NO refunds after class begins.
- Refunds given if notified before the class begins. A 25% service charge will be assessed.
- Full refunds given if class is canceled by the Department.

PLEASE PRINT
PARTICIPANT

Name: First _____ Last _____ M F
 Resident Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Email _____
 Emergency Contact _____ Emergency Contact Phone _____
 *Date of Birth _____ *Grade _____ *Age _____ *School _____
 *Required for Participants under 18 years of age
 Special Medical Instructions _____
 Doctor's Name _____ Telephone _____

PARENT/GUARDIAN

Required for Participants under 18 years of age

Parent/Guardian Name: First _____ Last _____
 Parent/Guardian Address (if different) _____
 City _____ State _____ Zip _____

ACTIVITY

Activity #	Activity Name	Days of Week	Time	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The undersigned, in consideration of participation in this program, agrees to indemnify, hold harmless and release the City of Monterey, its agents and employees, from any and all liability for any injury which may be suffered by the above named individual registered in this program arising out of or in any way connected with participation in this program. I have read the above application and agreement and fully understand that I assume all risks for any injuries received.

Participant Parent Guardian

Signature required to register

METHOD OF PAYMENT: MasterCard Visa American Express

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____- Exp. Date _____

Name of card holder _____ Signature _____

(Please print)