

CITY OF MONTEREY RECREATION AND COMMUNITY SERVICES DEPARTMENT (831) 646-3866

REGISTRATION FORM (Please Print)

PARTICIPANT

Name: First _____ Last _____ Male/Female _____

Resident Address _____ City _____ State _____ Zip _____

Mailing Address (If different) _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Emergency Contact Phone _____

* Date of Birth _____ *Grade _____ *Age _____ *School _____

(* Required for Participants under 18 years of age.) Birth Certificate/age verification required at registration.

I would like my child to play with _____. **EVERY EFFORT WILL BE MADE TO ACCOMMODATE YOUR REQUEST**

Special Medical Instructions _____

Doctor's Name _____ Telephone Number _____

PARENT/GUARDIAN

(* Required for Participants under 18 years of age)

Parent/Guardian Name: First _____ Last _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

<u>Activity #</u>	<u>Activity Name</u>	<u>Day(s) of Week</u>	<u>Time</u>	<u>Fee</u>

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 _____

(Signature Required to Register)

Make checks payable to:
CITY OF MONTEREY

FAX TO: City of Monterey Recreation and Community Services Department (831) 646-3880.

MAIL TO: City of Monterey Recreation and Community Services Department, 546 Dutra Street, Monterey, CA 93940. If mailing in registration form, **you must include** a self-addressed stamped envelope if you would like a receipt mailed to you.

****REFUND POLICY:** 1) No refunds after class begins. 2) Refunds given if notified before the class begins. A 25% service charge will be assessed. 3) Full refunds given if class is cancelled by the Department.

Charge my: MasterCard Visa American Express

Card Number: _____ - _____ - _____ - _____ Expiration Date: _____

Name of Cardholder: _____ Signature: _____

(Please Print)