

**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: _____ Cellular Phone: _____
 *Date of Birth: _____ *Grade: _____ *Age: _____ *School: _____
 (* Required for Participants under 18 years of age.)

PARENT/GUARDIAN (Required for Participants under 18 years of age.)

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

**IN CASE OF AN EMERGENCY AND WE ARE UNABLE TO REACH YOU, PLEASE LIST TWO OTHER CONTACTS.
PLEASE NOTIFY PEOPLE BEING LISTED.**

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

ACTIVITY & SESSION

Activity #	Session #	Activity Name	Days of Week	Time	Fee
29037		HILLTOP PARK	Mon. – Fri.	7:30am–6:00pm	\$110 MCR \$135 OCR

Doctor's Name: _____ Telephone Number: _____

WILL YOUR CHILD BRING ANY SPECIAL MEDICATION TO THE PROGRAM? YES NO

If yes, please give specific directions for administration and dosage. Contact Site Director to discuss any problems. In the event of illness, we shall attempt to contact you (or people listed) immediately to notify you of our actions. We shall transport your child home or to a mutually agreed upon location or, if need be, to the nearest emergency room where your child's doctor will be contacted and emergency care will be given.

Special Medical Instructions: _____

AUTHORIZATION TO TREAT: I authorize the adult agents and employees of the Monterey Recreation and Community Services Department in charge of the program to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to my above named minor child under the general special supervision and upon the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, pursuant to Section 25.8 of the California Civil Code and agree to be responsible for all cost thereby incurred.

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.

_____ Parent _____ Guardian Signature _____
 (Signature Required to Register)

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)

