

# Registration Form

**MONTEREY RECREATION AND COMMUNITY SERVICES DEPARTMENT**  
 546 DUTRA STREET, MONTEREY, CA 93940 • (831) 646-3866 • FAX (831) 646-3880

**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

**REFUND POLICY:**

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

PLEASE PRINT

**PARTICIPANT**

Name: First \_\_\_\_\_ Last \_\_\_\_\_ M  F   
 Resident Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 understood the above agreement and fully assume all risks for any injuries received.

Participant     Parent     Guardian

Signature required to register

METHOD OF PAYMENT: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express	
_____ - _____ - _____ - _____	Exp. Date _____
Name of card holder _____	Signature _____
<small>(Please print)</small>	