CITY OF SAN JOSÉ

REGISTRATION FORM

City of San José Department of Parks, Recreation & Neighborhood Services

PRINT CLEARLY & COMPLETE ALL INFORMATION REQUESTED

Parent/Legal Guardian Information

First Name _____ Last _____ Address _____ Apt # _____ City _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____ School Child Attends _____

Is this a new address? Y N Gender M F Birthdate _____ Email Address* _____
*An automatic email confirmation will be sent

Emergency Contact Information

First Name _____ Last _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Participant FIRST Name	LAST Name	Age	Gender	Birthdate	First Choice Course Title	First Choice Course Number	First Choice Course Fees	Second Choice Course Title	Second Choice Course Number	Second Choice Course Fees
#1			M F	/ /						
#2			M F	/ /						
#3			M F	/ /						
#4			M F	/ /						
#5			M F	/ /						

Help Us Help Others – Youth Activities Grant Fund Donation: Enter amount here →

TOTAL FEES _____

☐ Check if you would like to use camp payment plan

☐ Check — payable to City of San José ☐ Cash ☐ Credit Card ☐ ☐ ☐

Credit Card Number _____ Expiration Date _____ Signature _____

FOR SPORTS LEAGUE & COMPLEX PARTICIPANTS ONLY
Shirt Size: (Check one)
Youth S Youth M Youth L
Adult S Adult M Adult L Adult XL

Special Accommodations: City of San José Department of Parks, Recreation and Neighborhood Services welcomes individuals with disabilities into programs. Please indicate participant, any medical problems, and describe any accommodations needed for successful inclusion in the program(s). (Allergies, food/medicine/environment, medical conditions, medications, etc.)
Name: _____ Special Accommodations: _____

☐ **YES, I want to volunteer for Sports League!** To have a successful sports league, we are dependent upon volunteers to coach our teams. If you are interested in volunteering your time, please complete the information below.
Name: _____ Home Number: _____ Work Number: _____ Cell Number: _____ Shirt Size _____

SPORTS LEAGUE: We will make every effort to place your child with a friend. Please put on the same team as (no more than 2 names); 1. _____ 2. _____

The Applicant has read the PRNS policies and procedures set forth within in consideration of the application to participate in classes/programs at a City facility or in a City sponsored class/program. Applicant agrees to defend, indemnify and hold harmless City, its officers, agents and employees (collectively referred to hereinafter as "City") from and against any and all claims, demands, causes of action, or liabilities incurred by City arising, in whole or in part, directly or indirectly, from Applicant's acts or omissions in connection with participation in the classes and programs described above, except as may arise from the gross negligence or willful misconduct of City. In any action or claim against City in which Applicant is defending City, the City shall have the right to approve legal counsel providing City's defense and such approval shall not be unreasonably withheld. Applicant further agrees to release City from any and all claims for any damages, including property damage, injury or death occurring or arising out of use of City's property, except as may be caused by the City's gross negligence or willful misconduct. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.

✒ Signature: _____ Date: _____

I understand the City of San of José may photograph or videotape the events or activities in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of San José and its services/programs or for educational purpose. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness. Permission is not required to participate in City events.

✒ Signature: _____ Date: _____

P: 408-535-3570 SUBMIT FORM BY MAIL, FAX OR HAND DROP-OFF TO CENTER F: 408-292-6299