# Activity Registration Form

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

Place Barcode Label Here

☐ Check* ☐ Cash ☐ Credit Card
* Make checks payable to City of San José

Type: ☐ MasterCard ☐ VISA ☐ DISCOVER

Card Number:

Expiration Date: Month Year

Card issued to: _____ Signature _____

Parent /Legal Guardian

Ms.
Mr.
Mrs.

Last Name

Main Phone: Area Code — Number

First Name

Other phone: Area Code — Number

Email address

Address

Apt. No.

Alternate Contact Name

City

Zip+4 Code

New Address Y N

Relationship

Area Code — Number

| Participant Last Name | First 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 | / / | | | | | | |

**Help Us Help Others** - Youth Activities Grant Fund Donation Enter amount here:

**Citywide Activity Guide Subscriptions now available for $10 per year.**

Activity Guide Subscription

Non-resident Fee **$27 per class**

Total Fees

For Camp Participants Only
Child Shirt Size (Check one)
____Child M (14-16) ____Adult M
____Adult S ____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/enviroment, medical conditions, medications, etc.):

Name:_____

Special Accomodations:_____

**Liability Release** ***(Must be signed by participant or if under 18, parent or legal guardian.)***

The undersigned has read the PRNS policies and procedures set forth within, in consideration of participation in the enrolled class(es), agrees to indemnify and hold the City of San José harmless, and release the City of San José from any and all liability for any injury which may be suffered by the above named individual(s) registered in the class arising out of or in any way connected with participation in the class except as arises out of the sole willful act or sole active negligence of the City of San José, its officers, agents or employees. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.

**Signature:**_____ **Date:** _____

I understand that the City of San 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 purposes. 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:** _____

You are enrolled in the following classes:

For Official City Use Only:

Class #1
☐ Class Cancelled
☐ Class Full
☐ Waiting List

Class #2
☐ Class Cancelled
☐ Class Full
☐ Waiting List

**Refunds**
Class#_____
Amount$_____
Date:_____

Class #3
☐ Class Cancelled
☐ Class Full
☐ Waiting List

Class #4
☐ Class Cancelled
☐ Class Full
☐ Waiting List

Class#_____
Amount$_____
Date:_____

Registration Fee _____
Surcharge _____
Non-Resident Surcharge _____
Subscription _____
Donation _____
Total Fee _____
Total Received _____

Payee Name _____
Over/Short _____
Date Processed: _____
Date Receipt Mailed to Patron: _____
**Staff Signature:** _____
**Location:** _____

**METHOD OF PAYMENT**
☐ Cash
☐ Credit Card
Batch #_____
Ref #_____

☐ Check #_____
Check #_____
Check #_____
Check #_____