



# CITY OF CALIFORNIA CITY PARKS AND RECREATION PARTICIPANT REGISTRATION FORM

## PROGRAM INFORMATION

**Program Name:** \_\_\_\_\_  
**Program Date(s):** \_\_\_\_\_  
**Program Location:** \_\_\_\_\_  
**Program Time:** \_\_\_\_\_

## PARTICIPANT INFORMATION:

**Full Name:** \_\_\_\_\_  
**Nickname / Preferred Name** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

Are you registering additional children?  Yes, How Many? \_\_\_\_  No

## ADDITIONAL PARTICIPANT INFORMATION:

**Full Name:** \_\_\_\_\_

**Nickname / Preferred Name** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

(PLEASE ATTACH SEPARATE SHEET IF NEEDED FOR MORE PARTICIPANTS)



## CITY OF CALIFORNIA CITY PARKS AND RECREATION PARTICIPANT REGISTRATION FORM

### PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Please list and provide instructions for any allergies, medical conditions, or special needs:

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Medications (if applicable):

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### WAIVER & RELEASE OF LIABILITY

I, the undersigned, acknowledge that participation in Parks & Recreation programs involves inherent risks. I voluntarily assume all risks and agree to release, waive, and hold harmless the City, its officers, employees, and agents from any and all liability arising from participation in this program.

INITIALS \_\_\_\_\_

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**CITY OF CALIFORNIA CITY PARKS AND RECREATION  
PARTICIPANT REGISTRATION FORM**

**PHOTO / MEDIA RELEASE**

- Yes, I grant permission for photos/videos to be used for promotional purposes  
 No, I do not grant permission

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**REGISTRATION AGREEMENT**

**I certify that all information provided is accurate and complete to the best of my knowledge. I agree to comply with all program policies and understand that failure to do so may result in dismissal from the program without a refund.**

**I further agree to ensure that my child(ren) are picked up promptly after each session they attend. I understand that failure to pick up my child(ren) on time, without prior communication with the program coordinator, may result in withdrawal from the program for the remainder of the term.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

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**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Payment Method:  Cash  Check

Amount Paid: \$ \_\_\_\_\_

**CONTACT NAME AND PHONE NUMBER / ALTERNATE CONTACT NAME AND PHONE NUMBER**

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