

# REGISTRATION FORM City of San José Department of Parks, Recreation & Neighborhood Services

PRINT CLEARLY & COMPLETE ALL INFORMATION REQUESTED

revised 2015




## Parent/Legal Guardian Information

First Name \_\_\_\_\_ Last \_\_\_\_\_ Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Is this a new address? Y N  
 Gender M F Adults Birth Date \_\_\_\_\_ School Child Attends \_\_\_\_\_ Email Address\* \_\_\_\_\_  
 I agree to receive text messages Y N Carrier \_\_\_\_\_ \*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	Course Number	Course Fees			
#1			M F	/ /		. .				
#2			M F	/ /		. .				
#3			M F	/ /		. .				
#4			M F	/ /		. .				
#5			M F	/ /		. .				
<b>TOTAL FEES</b>										

Check — payable to City of San José   
  Cash   
  Credit Card   
     
     
  

Credit Card Number \_\_\_\_\_ CCV # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

**FOR SPORTS LEAGUE & CAMP PARTICIPANTS ONLY**

**Child Shirt Size (Check One)**

Child S   
  Child M   
  Child L  
 Adult S   
  Adult M   
  Adult L   
  Adult XL

**Special Accommodations:** City of San José Department of PRNS 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.) To ensure the consideration of the requested accommodation, please notify the specific facility where the program is provided at least two weeks in advance.  
 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 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: \_\_\_\_\_