



City of Pacific Grove
 Department of Parks and Recreation
 Youth Center – 302 16th Street
 (831) 648-3134

REGISTRATION FORM

Participant Information

My information has changed since my last registration

Name:		DOB: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
School (if applicable):		Grade (if applicable):	Age (at time of program):	
Address:		City:	State:	Zip:
Primary Phone: ()	Home Phone: ()	Email:		

Parent/Guardian Information (Optional if participant under 18)

Additional participant registration, parent info the same

Name of Parent/Guardian 1:		Primary Phone: ()		
Home Phone: ()	Work Phone: ()	Email:		
Name of Parent/Guardian 2:		Primary Phone: ()		
Home Phone: ()	Work Phone: ()	Email:		

Emergency Information

Name of Emergency Contact:		Primary Phone: ()		
Home Phone: ()	Work Phone: ()	Relationship:		
Special Medical Instructions:		Allergies:		

Activity Registration

Course #	Activity Name	Time	Date(s)	Fee
				\$
				\$
				\$

Release of Liability, Waiver and Policy Agreements

Total Registration Fees: \$

Hold Harmless Agreement: The undersigned, in consideration of participation in registered programs agrees to indemnify, hold harmless, and release the City of Pacific Grove, its agents, and its employees from any and all liability for any injury, which may be suffered by the above-named individual(s). In consideration of being permitted to participate in registered programs, I acknowledge that risks, known and unknown, including injury and death, are inherent in recreation programs, and I agree to assume all such risks.

Consent to Photograph, Film, or Tape: The undersigned agrees to allow the recreation department to use photos or video of myself or my child(ren) to be used by City of Pacific Grove staff in media or promotional publications.

Authorization to Treat: I authorize the adult agents and employees of the Pacific Grove Recreation department in charge if the program(s) to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to me or my above named minor child under the general special supervision and upon the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, pursuant to Section 25.5 of the California Civil Code and agree to be responsible for all costs thereby incurred.

Refund Policy: I understand there are no refunds given after a program begins. Requests for refunds given more than five working days from the start date of the program or activity are subject to a 25% service charge. Cancelled classes, programs, and activities by the City are given full refunds.

Resident Policy: For resident rates, participants must reside within City of Pacific Grove limits and may be required to show proof of residency at registration.

I have read, understood, and agree to the above Release of Liability, Waiver and Policy Agreements

Print Name:	Signature:	Date:
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Payment Information

OFFICE USE: Payment Received: Staff Int. _____ ID#: _____

Total Amount Due: \$	Method: <input type="checkbox"/> Credit Card (Visa, MC, Discover, AmEx) <input type="checkbox"/> Check (Payable to City of Pacific Grove) <input type="checkbox"/> Cash			
Card#:	Exp. /	CVV:	Print Name:	Signature:

Drop it off at 302 16th Street | Email to msardina@cityofpacificgrove.org | Go online to www.cityofpacificgrove.org/recreation