

# REGISTRATION FORM

NAME (RESPONSIBLE PARTY) \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE (DAY) \_\_\_\_\_ PHONE (EVENING) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**YES! Please notify me of upcoming classes and events via e-mail.**

Participant Name First Last	Date of Birth	Male/ Female	First Choice Activity Code	Class Title	Second Choice Activity Code	Class Title	Fee	Leisure Bucks#
Roger <b>SAMPNER</b>	11/11/02	M	36071	Karate	36103	Karate	\$55	123456

**PAYMENT INFORMATION** For golf registration, please use the form on page 7.

**MAKE CHECKS PAYABLE TO: "CITY OF MODESTO"**     CHECK     CASH     VISA     MASTERCARD    **TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

**NAME ON CARD** \_\_\_\_\_ **CARD #** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_

I, the undersigned, understand that the transfer of funds from one class/program to another may not be allowed, nor can I arrange for another person to take my place in the class/program. I further understand that no refunds will be issued once a class begins. As a participant, or legal guardian representing a minor participant, I am aware certain risks are inherent in the above activity. Nevertheless, to gain the City of Modesto's permission to participate, my intention by signing this document is to relieve the City of Modesto, its management and employees from liability, and save them harm from any claims I may have for personal injury, property damage or wrongful death caused by their negligence. I agree to allow use of my photograph, or other recordings, by the City of Modesto for any purpose without obligation or liability to me. I have read and understand the registration and program policies, and enter into this agreement of my own free will.

**DISCLAIMER:** The City of Modesto Parks, Recreation and Neighborhoods Department reserves the right to cancel, combine, change the time or date, or make any revisions that may be necessary to all classes and programs. To verify class or program availability, call (209) 577-5344. All classes, in order to take place, must have a minimum number of participants.

**DISABILITIES:** Anyone who has a disability and needs special accommodation, and who desires to participate in a recreation program, should notify the Parks, Recreation and Neighborhoods Department office at the time of registration, or ten (10) working days prior to the start of the program. For persons with hearing impairment, please call telecommunications at (209) 526-9211.

**X** \_\_\_\_\_  
Signature of Responsible Party

**You may also fax this form to: (209) 342-4705**