

City of San Mateo Parks & Recreation Department
Activity Registration Form

fax: 650.522.7411 • call: 650.522.7400

1. Account Main Contact Name & Information

Parent/Legal Guardian Name **City of SM Resident** (live/own property in City Limits) **Non-Resident** (other cities & unincorporated San Mateo)

Mr./Ms./Mrs. _____
 first and last name

Date of Birth _____
 (must be 18yrs or older) month / day / year

Residence Address _____
Complete if you are new or your information has changed

Phone Numbers

no. and street _____

home (area code + number) _____

city and zip + 4 code _____

cell (area code + number) _____

email address _____

work (area code + number) _____

2. Emergency Contact

Name _____
 first and last name

Phone Numbers _____
 home / cell (area code + number)

relationship _____

work (area code + number) _____

3. A signature is required by each adult participant on this form.

Liability Waiver: To the extent allowed by law, I hereby absolve the City of San Mateo, its elected and appointed officials, employees, and agents from and against any and all claims, damages or liability which may arise as the result of my/our participation in activities I or any member on my family account attends or registers into; and, in the event that the below named participant is a minor, I hereby give my permission for his or her participation as indicated and in so doing absolve the City of San Mateo, its employees, agents, independent contractors, and officers from such liability. I am aware that if I have registered for a class involving physical activity, I have taken care to enroll at a class level appropriate to my/our physical abilities and/or medical conditions. I release use of my/our photos taken during program participation from all and any claims and demands resulting from their use in program publicity.

Signature _____ Date _____ self parent guardian

Signature _____ Date _____ self parent guardian
second participant's signature

Class/Program Modification Request: We encourage and support the participation of individuals with all ability levels in programs and services. This includes those with disabilities, and in need of reasonable program modifications in order to participate. Please complete the statement:

_____ I am requesting a reasonable program modification for the class/program(s) listed on this registration form. Yes No
Participant Name

4. All participants listed here must live at the same address listed above.

Participant Name First and last <i>(use one line for each person or course)</i>	Course Title	Course Number	Alternate Course Number	Course Fee \$	Date of Birth <i>(mm/dd/yy)</i>	Gender
1.					/ /	M F
2.					/ /	M F
3.					/ /	M F
4.					/ /	M F

Help us help others! Donate to the Fee Assistance Fund.
(please enter amount in the space to the right)

TOTAL FEES

DONATION AMOUNT

Less Credit on Account

Total Amount Enclosed

_____ / _____
credit card payment authorization mo/yr

 billing zip code



 3 digit security code

PAYMENT TYPE Cash Other _____
 Check *(payable to City of San Mateo)*

 authorized signature (as shown on credit card)

Recreation Fee Assistance Program