



Activity Registration Form

Redwood City Parks, Recreation & Community Services

The City's Liability Waiver and Photo Release portion must be signed by all parent/guardians or participants 18 and over. Registrations with unsigned waivers will not be processed. Thank you!



Fax Number:
650.364.9980

1. PRIMARY CONTACT (Adult)

COMPLETE ENTIRE FORM

Mr. / Ms./ Mrs. _____ Birthdate ____/____/____ Gender (circle) M F

Street Address _____

City _____ Zip _____ Email Address _____ Check box to receive promotional emails

Primary Phone (____) _____ Secondary Phone (____) _____ Cell Phone (____) _____

Cell Phone Carrier (if you wish to receive important text alerts- ATT, Verizon, etc.): _____ Emergency Contact _____

Relationship to participant _____ Emergency Daytime Ph:(____) _____ Emergency Evening Ph:(____) _____

2. ACTIVITY REGISTRATION

PARTICIPANT'S NAME First & Last (1 line per participant)	DATE OF BIRTH (mm/dd/yy)	GENDER (circle)	CLASS NAME	CLASS #		FEE
				1 st Choice	2 nd Choice	
1.		M F				
2.		M F				
3.		M F				
4.		M F				
5.		M F				
6.		M F				
7.		M F				



Do you have any special needs that require specific accommodations so you can fully enjoy one of our classes or facilities?

If YES, please check here.

I wish to donate to the Youth Scholarship Fund + \$ _____

Less Credit on Account - \$ _____

TOTAL \$ _____

3. LIABILITY WAIVER & PHOTO RELEASE

LIABILITY WAIVER (all classes require the signature of each Registering Adult or the Parent or Guardian of any Minor(s). Permission to participate in the following programs, including associated travel sponsored by the City of Redwood City Parks, Recreation & Community Services Department is given for me and/or child as named below. In consideration of participation in these programs, I hereby indemnify and hold harmless and release the City of Redwood City, its agents, its employees and volunteers working for the City, from any and all liability for injury suffered by me or my child arising from or connected with these programs. I assume all risk for any injuries, including the risk of exposure to communicable diseases as a result of my child's and/or my participation in the program. To the extent I and/or my child are participants of virtual recreation classes, I acknowledge I am responsible for ensuring my child's and/or my environment is safe/free from obstructions and that any use of third-party applications (Zoom, Microsoft Teams, etc.) is done at our own risk. I sign of my own free will. **Sign Below**

PHOTO RELEASE: I/we agree to allow use of my/our photograph in program publicity. I have read and fully understand these policies. **Initial Below**

<input checked="" type="checkbox"/>	Waiver Signature	Photo Release Initial	2nd registrant's signature (if 2 adults register on the same form)
	Print Name	Date	Print Name
			Date

4. PAYMENT



CREDIT CARD

Card # _____ Exp. Date _____ Security Code (3 or 4 digit #) _____

Signature X _____

Name on Card (print) _____

CHECK

Payable to: CITY OF RWC

\$15 returned check fee

CASH