

COMMUNITY SERVICES DEPARTMENT

Registration Form

701 Laurel Street, Menlo Park, CA 94025 (p) 650.330.2200 (f) 650.324.1721



Primary Contact (Full Name):			
Address:	City:	State:	Zip:
Home Phone:	Work Phone:		
E-mail:	<input type="checkbox"/> The above address is NEW		
Emergency Contact Name:	Relationship:		
Primary Phone:	Secondary Phone:		

RESIDENT FEES: To qualify, you must submit a copy of your utility bill or Driver's license showing your current address within incorporated Menlo Park (P.O. Box is not acceptable).

REFUND AND TRANSFER POLICIES: If you cannot attend an activity or find the class not meeting your expectations, it is possible to request either a transfer or a refund. Your request will be prorated and assessed as follows: If you choose to transfer, we will apply the prorated amount of your enrollment fee to any other course within that session. If you prefer to receive a refund, a \$15 processing fee will be deducted from the prorated fee based on the date of the request, unless otherwise noted in our publication. All refund or transfer requests for classes with material fees or with two or fewer class meetings must be received one week prior to the class starting date. If the course is cancelled you will receive a full refund or you can request to transfer to another class.

Activity Code	Participant's Full Name	Birth Date	Activity Name, Date, Time	Activity Fee	Alternative Reg #

TOTAL FEES: \$

WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK:

I, the undersigned parent, guardian, or participant, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(s) (hereinafter collectively referred to as "the Activity") with the City of Menlo Park's Community Services Department. I am aware that serious accidents and injuries occasionally occur during recreational pursuits such as the Activity. In consideration of my participation in the Activity, I hereby WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS for damage for death, personal injury or property damage, which I may have, or which may hereafter occur to me, as the result of participation in the Activity. I knowingly and VOLUNTARILY ASSUME ALL RISKS arising therefrom, and on behalf of myself, my heirs and assignees RELEASE the City of Menlo Park, its officers, agents, employees and volunteers from any and all CLAIMS, LIENS, DAMAGES, LAWSUITS, OR LIABILITY FOR PROPERTY DAMAGE, INJURY OR DEATH, resulting from, arising out of, or in any way connected with my participation in the Activity. In the event that the individual participating in the Activity is a minor, I certify that I am his/her parent or legal guardian and I give my permission for him/her to participate in the Activity. I understand my signature is a legal and binding signature and will be considered original if received by fax.

USE OF PARTICIPANT PHOTOGRAPHS/VIDEO:

In addition to the forgoing, I further agree to permit the use of event/activity photography and/or video media production, of me or the minor on whose behalf I am signing this waiver. I agree to advise the City of Menlo Park Community Services Department in writing if I do not agree to the forgoing.

Signature of Applicant _____ Date _____ Check one: Self Parent Guardian

Payment Information: Cash Check Visa Mastercard
 Account # _____ Exp. _____ Print Name on Card _____ CVC# _____

I agree to pay the above charges and authorize the City of Menlo Park to charge these costs to my credit card.
 Authorized Signature: _____

Please make all checks payable to: City of Menlo Park. Note: There is a \$30 charge for returned checks.

Office Use Only:				
Final Payment:	R# _____	Date _____	Residency Verified _____	Processed By _____

CITY OF MENLO PARK GYMNASTICS PROGRAM

WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK

I, _____ do hereby agree to allow _____ to participate in the **Gymnastics Program** with the City of Menlo Park’s Community Services Department (hereinafter collectively referred to as “Gymnastics Program”). I understand the inherent dangers of gymnastics which includes potential injuries such as strains, sprains, breaks, abrasions, broken limbs and even accidental death. In consideration of _____’s participation in a Gymnastics Class or Gymnastics Team, I hereby WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS for damage for death, personal injury or property damage, which I or my child may have, or which may hereafter occur to me or my child, as the result of participation in the **Gymnastics Program**. I knowingly and VOLUNTARILY ASSUME ALL RISKS arising therefrom, and on behalf of myself, my heirs and assignees RELEASE the City of Menlo Park, its officers, agents, employees and volunteers from any and all CLAIMS, LIENS, DAMAGES, LAWSUITS, OR LIABILITY FOR PROPERTY DAMAGE, INJURY OR DEATH, resulting from, arising out of, or in any way connected with my/my child’s participation in the **Gymnastics Program**. In the event that the individual participating in the **Gymnastics Program** is a minor, I certify that I am his/her parent or legal guardian and I give my permission for him/her to participate in the **Gymnastics Program**. I understand my signature is a legal and binding signature and will be considered original if received by fax or electronically via email.

Signature _____ Date _____
 (circle one) Self Parent Guardian

MEDICAL TREATMENT

In the event of any emergency, I authorize the City of Menlo Park Community Services Department staff to secure medical personnel or any medical treatment deemed necessary for either my care or the care of the person on whose behalf I’m signing this permission and agree that I will be responsible for payment of any and all charges for medical services rendered. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the participant named above.

Signature _____ Date _____
 (circle one) Self Parent Guardian

1.	Does the participant have any physical, social, psychological, or special needs concerns that would preclude, limit or otherwise affect participation in a gymnastics program? If yes, please explain:	NO	YES
2.	Is the participant taking any medication that could preclude, limit or affect participation in a gymnastics program? If Yes, please explain:	NO	YES
3.	Has the participant had any physical injuries or surgeries in the past two years? If yes, what is the affected area and date of injury/surgery:	NO	YES
4.	Does the participant have a history of allergic reactions to foods, medications or insect bites/stings? If yes, please list and explain:	NO	YES