



# Program Registration Form

Albert J. Boro Community Center San Rafael Community Center  
[eplay@cityofsanrafael.org](mailto:eplay@cityofsanrafael.org)  
 50 Canal St., San Rafael, CA 94901 618 B St., San Rafael, CA 94901  
 Ph. (415) 485-3077 Fax (415) 485-3186 Ph. (415) 485-3333 Fax (415) 485-3186

Terra Linda Community Center  
[terralindapool@cityofsanrafael.org](mailto:terralindapool@cityofsanrafael.org)  
 670 Del Ganado Dr., San Rafael, CA 94903  
 Ph. (415) 485-3344 Fax (415) 485-3345

<b>Five Ways to Register:</b> 1. Online: <a href="http://www.cityofsanrafael.org">www.cityofsanrafael.org</a> 2. FAX 3. Mail to address above 4. Walk-In to address above 5. <u>Email/Scan Registration Form</u> <i>If registering for Summer Camps/Theatre, please complete a Summer Camp/Theatre Registration form.</i>	<b>Quality Assurance:</b> If after attending the first class, you are not happy with the quality of the program, please contact us right away. We welcome your feedback. If you call before the second class, we will give you a full refund or credit. There are no refunds or credits for non-attendance, one day workshops, trips or materials fees.	<b>Swim Lesson transfers:</b> Session transfers need to be requested at least two working days prior to the start of a session. Requests must be done in writing or in person at the Terra Linda Community Center.
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**Please fill out your information and sign the form below.**

**Name of Primary Contact:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Hm Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **Wk Phone:** (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_ (used only for communication with you.)

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Emergency Contact Person's Relationship to Participant:** \_\_\_\_\_

Participant's Name	Age/ D.O.B	Course Title	Course Code	Day/Time	Fee

Please note any allergies or medications: \_\_\_\_\_

**Hold Harmless And Release Agreement:** The undersigned on behalf of himself/herself and on behalf of any child enrolled by the undersigned in the program, in consideration of participation in this program, agrees to indemnify and hold harmless, and to release, waive, and discharge, the City of San Rafael out of or in any way connected with participation by the undersigned or the enrolled child in this program, including injuries due to the active or passive negligence of the City, its offices, and employees. I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME RISKS FOR ANY INJURIES AND PROPERTY DAMAGE SUFFERED. I also certify that I (or my children) are knowledgeable as to all rules of conduct appropriate to the above-mentioned activity. Neither I or my child have any physical illnesses, conditions, disabilities or weaknesses that would interfere with safe participation in the activity. I recognize that bodily injury and/or property damage may be sustained through participation in this activity and acknowledge that I/we voluntarily accept all risks of injury to persons or property.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

By initialing, I do also hereby give my permission to the City of San Rafael to use any and/or all photographs of myself and/or my children for future agency publications. I understand that my name or my children(s) name(s) will not be published at any time in any publications. I give my permission for a photography of my child to be used for City of San Rafael marketing purposes. \_\_\_\_\_ **Initial**

**INDICATE METHOD OF PAYMENT:**  Cash  Check payable to City of San Rafael  
 Credit (VISA, MC, AMEX, Discover) Card # \_\_\_\_\_ **Exp. Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_