

REGISTRATION FORM

WEB: <http://eplay.livelifelocally.com>

MAIL: Fill out this registration form, insert it along with a check for the full amount made payable to City of San Rafael into a stamped envelope and mail it to 618 B Street, San Rafael, CA 94901.

FAX: Fill out this registration form, include your credit card number and fax it to 485.3186.

WALK-IN: Any of our four Community Center locations listed on page 2

Family Name (Parent/Guardian) _____ First Name _____

Home Phone _____ Work Phone _____ Email Address _____

Address _____ Apartment or P.O. Box Number _____

City _____ Zip Code _____

Person (other than self) in area to be contacted in case of emergency _____ Phone _____

METHOD OF PAYMENT

Cash Check Credit Card MC Visa

Credit Card Number _____ Expiration Date _____

Cardholder Signature _____

CLASS CODE	PARTICIPANT'S NAME	DATE OF BIRTH	PROGRAM TITLE	DATES	DAY	TIME	LOCATION	FEE	MATERIAL FEE

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 and its officers and employees, and any community organization cosponsoring the program, from any and all liability for any injury or property damage arising 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 officers, and employees. I have read the above hold harmless and release agreement and fully understand that I assume all risks for any injuries and property damage suffered.

I also certify that I (or my children) are knowledgeable as to all rules on conduct appropriate to the above-mentioned activity. Neither I nor 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.

In case of emergency, my child may be treated by a qualified physician.

SIGNATURE _____ DATE _____

refund

A full refund will be made only if a class/activity is cancelled by the department. Refunds require three weeks to process. No refunds will be issued after the first meeting. Refunds prior to first class will be charged 25%. A completed registration form must be in the Community Services Department's possession at the time of the first class. If attending a class on a drop-in basis, a registration form must be filled out and signed at each class.