



Activity Registration Form

Parent/Guardian or Adult Registrant Name:					
Check One: ___ Resident (*Individuals residing within the City of San Mateo property tax limits) ___ Non-Resident				DOB (Must be 18 yrs. or older):	
Home Address:			City:	Zip	
Home Phone:		Cell Phone:		Email Address:	
Emergency Contact:		Phone Number:		Relationship:	
Participant Name	DOB	Gender	Activity Code	Activity Name	Fee
TOTAL					

WAIVER OF LIABILITY & PHOTO RELEASE: In consideration of participation in the City of San Mateo recreation program described above (the "Activity"), I the undersigned for myself and/or as the parent/guardian of the Minor named above, agree to indemnify and hold the City of San Mateo, it's elected and appointed officials, employees, and agents (the "City") harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against the City from and against any liability arising out of or connected in any way with my and/or the Minor's participation in this Activity, even though that liability may arise out of ordinary negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and/or the above named Minor. It is further understood and agreed that this waiver, release and assumption or risks has been freely entered into and is to be binding on my/our heirs and assigns. Participants of virtual recreation classes acknowledge they are responsible for ensuring their environment is safe/free from obstructions and that any use of third-party applications (e.g. Zoom, Google Meet, etc.) is at their own risk.

I have read and agree to the registration and program policies. Further, I agree to allow use of my image and/or that of the named minor, which may be captured through video, photo, digital camera or other media, for City of San Mateo promotional materials and publications. By agreeing below, I acknowledge that I have read this document and understand its contents.

By checking this box, I authorize the City of San Mateo to release my contact information - name, phone number and email, for the purpose of participating in the virtual program ("Activity") listed above.

Check the appropriate space(es) and sign: ___ Participant (over 18) ___ Parent ___ Legal Guardian

Print Name: _____ **Signature Required** _____

Name of Minor: _____ Parent/Guardian (if under 18) _____

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

Participants Name: _____ Date: _____

Check Enclosed: Total Amount \$ _____ Make Check Payable to: **City of San Mateo**

Card Number _____ CRV Code _____ Exp _____ Billing Zip Code _____

Total Amount \$ _____ Card Holder Signature _____

Starting July 1, 2020 customers who use a credit or debit card to make payments with the City of San Mateo will be subject to service fees. Companies that process credit or debit card transactions typically charge about 3% of the billed amount. The fee is paid directly to the company processing the transaction and is not charged by the