

Activity Registration Form

REQUIRED*



HOUSEHOLD INFORMATION

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*:

ACTIVITY REGISTRATION

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, its 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 of 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) _____

Americans with Disabilities Act: The City of San Mateo does not discriminate on the basis of disability in its programs, services, activities and employment practices. If you need auxiliary aids and services for effective communication (such as a sign language interpreter, an assistive listening device or print material in digital format) or reasonable modification to programs, services or activities contact Community Services Coordinator, Michele Venneri at (650)522-7484 or by email at mvenneri@cityofsanmateo.org as soon as possible, but no later than 10 business days before the activity or program. A grievance procedure is available to resolve complaints. Upon request, this notice is available in alternative formats such as large print or Braille.

Submittal of this form DOES NOT confirm registration/enrollment.

Staff will verify availability and contact you within 72 hours to take care of the fee payment or direct you to www.sanmateorec.org to pay your remaining balance.

Credit Card Service Fee Notice: 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 charge approximately 3.25% of the billed amount. The fee is paid directly to the company processing the transaction and is not charged by the City.

[FOR OFFICE USE ONLY] PROCESSED BY: _____ (Staff Initials) DATE: _____