



# Activity Registration Form

HOUSEHOLD INFORMATION					
Parent/Guardian or Adult Registrant Name*:					
Check One*: <input type="checkbox"/> Resident (*individuals residing within the City of San Mateo property tax limits) <input type="checkbox"/> 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
<b>TOTAL</b>					

**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 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) \_\_\_\_\_

**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 notify us a minimum of 10 business days prior to the start of the program. 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: \_\_\_\_\_

**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](http://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: \_\_\_\_\_]

