

Activity Registration Form

Please Submit to: San Ramon Community Center at Central Park - 12501 Alcosta Blvd San Ramon, CA 94583 Fax: 925-830-5162 Tel: 925-973-3200

PLEASE PRINT & COMPLETE EACH LINE

Main Contact Name-Parent/Legal Adult Name

Last Name: _____ First Name: _____

Street Address: _____ City: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____ Mobile Phone Carrier _____

E-mail: _____ **Registration form limited to family members only!**

To assure our programs benefit all who attend, please check if applicable:

 Please check here if the participant has Special Needs requiring special accommodations

 Please check here if the participant has a Life Threatening Medical Condition in order for staff to provide appropriate accommodations.

PARTICIPANT - First & Last Name (Use one line for each person or course)	CLASS TITLE	Activity #	Alternate Activity #	Birthdate (mm/dd/yy)	Current Grade	Male/ Female	Course Fee (\$)
1.							
2.							
3.							
4.							

Office Use Only: MC Name: First _____ Last _____	Total Course Fees
Refunds: Patron-requested refunds will be approved only if requested in writing no later than 7 days prior to the first day of program. All refunds will incur a processing fee of \$5 per transaction plus a credit card transaction fee is applicable. If approved, a refund will be issued within 3 weeks in the original form of payment.	Credit Card Fee (2.88%+\$0.09)
	Total Amount Enclosed

I have read and understand the refund policy and the following Waiver of Liability: This release is intended to discharge in advance the City of San Ramon, including all of its respective agents, officials, volunteers, sponsors and employees, from and against any and all liability arising out of or connected in any way with me or my child/legal guardian's participation in the above activities, even though the liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. I understand the inherent risks involved in participating in recreational activities including but not limited to terrain, facilities, temperature, weather, condition of participant, equipment, and lack of hydration. Furthermore, I hereby agree that I, my heirs and assignees will not make claim against, sue, attach the property of, or prosecute the City of San Ramon and any sponsor, or any affiliate organization for injury or damage resulting from active or passive negligence, carelessness or other acts, howsoever caused by any employee, agent or contractor of the City of San Ramon or its affiliates, as a result of my participation in the above activities. In the event that the above named individual is a minor, I certify that I am the legal parent or guardian of the above participant, that he/she is in good physical condition and I give my permission for him/her to participate in the above activities. I hereby acknowledge that the above named minor has voluntarily applied to participate in the above activities. I agree to accept and abide by all rules and regulations of the event/program and the city of San Ramon. The City of San Ramon and its staff are authorized to use their discretion to secure the necessary emergency services for the participant at my expense. This includes, but is not limited to emergency treatment, paramedic services and ambulance services. I hereby grant permission to the City to release my email address to contract instructors, coaches, or other City program providers for City business purposes. I hereby grant permission to the City to take me or my child/legal guardian's photo while participating in activities or programs to use for publicity. I also waive and release the City from any and all claims, causes of action, allegations, or assertions that may arise relating to infection of any person by COVID-19 that occurs, or is alleged to occur, as a result of participating in any City-sponsored program. A signature is required by each adult participant registering on this form. One parent/legal guardian may sign for all minors. I understand that my signature is a legal and binding signature and will be considered original if received by electronic means.

Online Registration

Register or Check Course Availability Online:
www.SanRamonRecGuide.com

To Purchase Tickets:
www.SanRamonPerformingArts.com

Do Not Use This Form to Purchase Tickets
See Registration Information for details

Signature _____ Date _____
 Self Parent Guardian

Please complete credit card information section ONLY if mailing, faxing, or dropping off form.
 A 2.88% plus \$0.09 convenience fee will be added per total credit card transaction.

Charge to my: MasterCard VISA American Express

Billing Address: _____ Amount: _____

Print name as it appears on card: _____ Authorized Signature: _____

Expiration Date: _____ CVC# _____ Card No. _____