



BRISBANE PARKS & RECREATION DEPARTMENT REGISTRATION FORM

50 Park Place, Brisbane, CA 94005 | 415.508.2140 | www.brisbaneca.org

Section 3 --- Waiver, Release and Assumption of Risk --- must be signed/initialed where indicated by any participant 18 years of age or older and by a parent/guardian for any child. Registration forms not signed/initialed shall not be processed.

1. PRIMARY CONTACT (Adult)

Mr. / Ms. / Mrs. _____ Birthdate ____/____/____ Gender (circle) M F

Street Address _____

City _____ Zip _____ Email Address _____

Primary Phone _____ Secondary Phone _____

Emergency Contact _____

Relationship to Participant _____ Emergency Phone# _____ Additional Phone# _____

2. REGISTRATION INFORMATION

PARTICIPANT'S NAME - First & Last (1 line per participant)	DATE OF BIRTH (mm/dd/yy)	GENDER (circle)	CLASS NAME	CLASS DAY/TIME	FEE
1.		M F			
2.		M F			
3.		M F			
4.		M F			
5.		M F			
6.		M F			
7.		M F			
8.		M F			

Total Fees \$ _____

Less Credit/Discount - \$ _____

TOTAL \$ _____

3. WAIVER, RELEASE AND ASSUMPTION OF RISK

I fully understand the nature of this City or City-sponsored program or activity in which I/my child will participate and understand that participation in such program or activity has risks that may lead to or cause personal injuries to myself/my child or damage to or loss of personal property. Notwithstanding these risks, on behalf of myself/my child, I assume all risks, waive, indemnify, hold harmless and release the City of Brisbane, its employees, agents and volunteers from all claims for personal injuries and damage to or loss of personal property. **Sign Below.**

PHOTO RELEASE: I authorize and permit the use of photography and/or media production of this program or activity in which I/my child may appear and do so without any expectation of compensation for such use. **Initial Below.**

<input checked="" type="checkbox"/>	Signature	2nd Registrant's Signature (if two adults are registering on the same form)		Photo Release Initial Here X _____
	Print Name	Date	Print Name	

4. PAYMENT



CREDIT CARD

Card # _____ Exp. Date _____

Signature X _____

Name on Card (print) _____

Administrative Notes:

CHECK # _____

Payable to: CITY OF BRISBANE

CASH