

REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

MAIN CONTACT FULL NAME:

First Name		Last	
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RESIDENTIAL ADDRESS:

Street			
City		Zip	
E-mail Address			
Phone-Primary	()	<input type="checkbox"/> Cell	<input type="checkbox"/> Other
Phone-Secondary	()	<input type="checkbox"/> Cell	<input type="checkbox"/> Other

Yes, I agree to receive text messages. Cell service provider is:

Check here if this is a new address / phone number

Participant Name	DOB	Sex M/F	Activity Number	Activity Title	Activity Fee

Please identify any special accommodations that are needed to improve the student's experience here:	GRAND TOTAL =
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OFFICE USE ONLY:

Cash Check-Print Check Number:

<input type="checkbox"/> Credit Card Number:	CVV:
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Expiration Date: Month/Year:

Cardholder's Signature:

RELEASE OF LIABILITY I hereby certify that I am a participant in the above listed course conducted by the City of Manhattan Beach Parks & Recreation Department. I further certify that I am of good health, and have no physical or other impairment which would endanger me when participating in such a program. I absolve and hold harmless the City of Manhattan Beach, its employees, officers or agents from any liability which may result from my participation or that of any minor in my legal custody, in the above activity. If the participant is a minor, I also give my permission for his/her participation in the above activity, and for any necessary medical treatment. I understand the City has no obligation to supervise my children at the close of the above activity, and I release the City, its officers, employees and agents from any liability resulting from any lack of supervision of my children at the close of the above activity. I understand that the City has adopted a Civility Policy, which among other things requires that all interactions with other participants, instructors and staff be conducted in a respectful manner, and provides that threats of violence and loud, insulting, demeaning or offensive communication will not be tolerated. A copy of the Civility Policy is available upon request. Participants involved in Parks & Recreation programs/activities may be photographed and such photography may be used to publicize City programs/activities. City staff is not responsible for storing and or providing medications of any kind for participants in Parks and Recreation classes and activities.

Participant, Parent or Guardian Signature:

Date: