Summer 2019 REGISTRATION FORM

San Gabriel Community Services Department • Recreation Center, 250 S. Mission Drive • San Gabriel, CA 91776 • 626.308.2875 • Fax 626.308.0604 Hours: Monday, Wednesday, Thursday and Friday 8:00 am - 4:30 pm Tuesdays 8:00 am - 6:00 pm

Registration Options:

- 1. Online 24/7 at www.sangabrielcity.com
- 2. Mail completed form and payment to San Gabriel Community Services Department (To receive a receipt, please enclose a self-addressed stamped envelope.)
- 3. Walk-in with completed form to the Recreation Center during hours of operation with a check or exact change.
- 4. Call during Recreation Center hours of operation with registration information and Visa or MasterCard payment.
- 5. Fax 24/7 completed form and Visa or MasterCard payment information.

Class registration will close following the second class meeting.

Refund Policy

Full refunds are issued when classes or activities are cancelled by the Community Services Department or if requested before the first day of class. If you are not happy with the quality of our program, please call and let us know so we can make it right. If you call before the second class, we'll arrange for you to transfer to a new class or receive a refund, less a \$10 processing fee. There are no refunds for non-attendance, one-day workshops or material fees.

Please complete entire form and sign waiver of liability. You may use one form to register for multiple activities.

	LAST NAME:	_FIRST NAME:
ADULT	ADDRESS:	EMAIL:
PARENT	CITY:	ZIP CODE:
OR GUARDIAN	CELL PHONE: () HOME PHONE: ()	PARENT DOB:

WAIVER OF LIABILITY - PHOTO RELEASE

Through this registration form, I realize that no medical insurance is provided for the City of San Gabriel activities and I fully understand that my participation exposes me (or my dependant) to the risk of personal injury, death or property loss or damage. I hereby acknowledge that I am voluntarily participating or allowing my dependant to participate in this event/class and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of San Gabriel or any of its officers, employees or agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation or the participation of my dependant in the event/class from whatever cause, including the active or passive negligence of the City of San Gabriel or any other participants in the event/class. In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of San Gabriel from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/class. I am physically able (or my dependant is physically able) to participate in this activity. I consent to any medical treatment my dependant needs while involved in this activity and I agree to pay for it. I hereby consent to the use of photographs depicting me or my dependant in city printed materials and or website.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Signature Required: __

As Parent, Guardian or Participant

Activity	Participant's		Birthday	Sex	Activity Name	Activity		
Numbér	Last Name	First Name	MO/DAY/YR		1	Fee		
2540.300					Summer Stock for Students	\$1,195		
					Subtotal	1195		
Please add \$1 to my registration fees to enable youth to participate in activities through the City's Share a Dream Program. I understand that this is a voluntary donation.								
Total:								
Mathad of Daymont . Charly (Dayable to the City of San Cabriel) . Vice or . MactarCard								

Method of Payment: Let Check (Payable to the City of San Gabriel) Let Visa, or Let MasterCard (ard #

Card Holder Signature:_

Expiration Date: _

Date: