





# Recreation Registration Form

## Before You Register

1. Select your classes.
2. Check your calendar to make sure there are no schedule conflicts.
3. Call the Recreation Office to learn about class availability.
4. Complete the Registration Form.

## Four convenient ways to register

-  Visit 1000 Sir Francis Drake
-  Mail 1000 Sir Francis Drake
-  Fax 455-8229
-  Phone 258-4640

## Refund Policy

Please choose your classes carefully. All classes include a \$5 registration fee that is nonrefundable. A participant may request a refund five business days prior to the first class date and receive an office credit less \$5, or a refund check less a \$15 processing fee. After that date has passed, the participant will lose 50% of the class fee as the cancellation fee. No refunds will be issued after the class has begun.

## HOUSEHOLD INFORMATION:

Parent/Adult First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone or Work Phone Number \_\_\_\_\_

Parent/Adult Email \_\_\_\_\_ (email is used strictly for communication regarding recreation programs)

Emergency Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

## WAIVER: NO INDIVIDUAL MAY PARTICIPATE IN RECREATION ACTIVITIES WITHOUT PROVIDING A SIGNED WAIVER.

I hereby agree to indemnify and hold harmless the Town of San Anselmo, the Town of Fairfax, and its officers, contractors and employees, and any community organization co-sponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child arising out of or in any way connected with participation in said program(s) named here. In case of emergency, my child may be treated by a qualified physician. I further understand that photographs or video may be taken of me or my child during the course of said program(s) and that these photographs may be used in Town publications. **MANDATORY ARBITRATION OF CLAIMS AGAINST THE TOWN.** It is hereby expressly understood and agreed to by the undersigned that any claim asserted against the Town by the undersigned participant, either on behalf of him/her or on behalf of another person, on account of bodily injury, mental disturbance, death or property damage, sustained as a result of, or for any reason connected to the use of Town property, facilities or programs or acts or omissions of Town employees or volunteers pursuant to this registration, will be resolved by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. It is agreed that all claim submission, requirements, procedures, and deadlines and all immunities established by the Government Code or other provision of law will apply, but that the undersigned waives all rights to file a lawsuit and agrees, in lieu thereof, to resolving all claims and disputes through the arbitration process. The Town and the undersigned, by execution of this document, are giving up their constitutional right to have any such dispute decided in a court of law and before a judge or jury and instead are accepting the use of arbitration.

**I HAVE READ AND UNDERSTAND THE REFUND POLICY. I HAVE READ AND UNDERSTAND THIS WAIVER.**

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

## REGISTRATION INFORMATION:

Participant Name	Date of Birth	Activity #	Course Title	Location	Dates	Day	Time	Fee
Susan B. Anthony	10/22/94	4308	Dance Camp	Pavilion	6/1-6/5	Mon-Fri	8am-3pm	\$200

Yes, I'd like to contribute to the Red Hill Park project.  \$50  \$100  \$250  \$500  \$1000  other \$ \_\_\_\_\_

Yes, I'd like to contribute to the scholarship fund allowing low income children to participate in Recreation.  please specify \$ \_\_\_\_\_

TOTAL PAYMENT: \$ \_\_\_\_\_

PAYMENT METHOD:  Check: payable to "Town of San Anselmo"  Cash

Credit Card:  Visa  Mastercard

Credit Card# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_\_ 3 digit code \_\_\_\_\_

Office Use: Total Payment \_\_\_\_\_ Date Processed \_\_\_\_\_ Staff Initial \_\_\_\_\_