Primary (Adult) contact Last Name	First Name	Birth date	Gender (M/F)	Cell phone number
				( )
				( )

Street Address: _____ City: _____ Zip: _____

Home Phone: (_____)_____ Bus. Phone (_____)_____ Cell: (____)_____

Email: _____@_____

Registration form is limited to family members living at the same address only!

Participant – first and last (use one line for each person or course)	Class title	Activity#	Section#	Birth date (mm/dd/yy)	Male/ Female	Course Fee $
1.						
2.						
3.						
4.						
					Total Fees:	

Refund Policy:
Patron requested refunds or transfer requests will be approved only if initiated no later than 7 business days prior to the first day of class. All refunds/transfers will be charged a processing fee of $15 per class. Refunds will not be granted after the first class meeting except in the case of medical emergency. A medical note must accompany all refund requests. Medical refund requests must be submitted prior to the last scheduled day of the session.

Refund requests must be made in writing to:
City of El Cerrito
7007 Moeser Lane
El Cerrito, CA 94530

Or by fax to (510) 528-9413 or by email to recreation@ci.el-cerrito.ca.us

Liability Release:
I hereby absolve the City of El Cerrito, its employees and volunteers from all liability that may arise as the result of my participation in the activities mentioned on this sheet, and, if the above named participant is a minor, I hereby give my permission for his/her participation as indicated and in so doing absolve the City of El Cerrito, its employees and volunteers from such liability. I realize that the City of El Cerrito is not responsible for lost or stolen articles.
I understand that participants in the City of El Cerrito programs do so at their own risk and the City does not provide accident insurance.

Photo Release:
I acknowledge that the City of El Cerrito takes photographs and videotapes of its activities and events for publicity purposes and authorize the use of my image or my child's image by the City for such purposes. I understand I will not be compensated for use of photos or videos.

Participant/Parent/Guardian Signature:_____ Date: _____

Staff Use Only:
Date Processed: _____ Staff Initials: _____ Receipt #: _____