



# Community Services Department

600 A Street Suite C Davis, CA 95616

Ph: (530) 757-5626 Fax: (530) 750-2742

www.cityofdavis.org/cs/webreg

Household No. \_\_\_\_\_

## Registration Form

Participant's:		M/F	grade as of 9/1/12	Birthdate mm/dd/yy	First Choice Class (#)	Fee First Choice	2 <sup>nd</sup> Choice Class (#)
first name	last name						
<b>4<sup>th</sup> of July Donation:</b> If you would like to help contribute to this year's 4 <sup>th</sup> of July event, please place your donation amount here:							
<b>Non-residents:</b> within school district but out of city limits add <b>\$7.00</b> per enrollment outside of school district (not a Davis address) add <b>\$13.00</b> per enrollment							Check here if you require supported recreation assistance. Please call us for information.
T-Shirt Size – Youth Basketball only (Please Circle): Youth M L Adult S M L XL					<b>Total Fees</b>		

Payment Method:	Cash	Check or Money Order	VISA or MasterCard	Security Code _____
CARD NUMBER	_____ - _____ - _____ - _____	Expiration Date	____ / ____	MONTH YEAR
Cardholder Name (Please Print)	Cardholder Signature			

### WAIVER OF LIABILITY, MEDICAL RELEASE & INDEMNIFICATION AGREEMENT

In consideration for myself and my minor children being permitted by the City of Davis Community Services Department to participate in activities described in the Recreation Schedule Fall, Winter, or Summer I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I or my minor children may sustain or which may occur as a result of my or my minor children's participation in these activities. I understand and agree that:

- This release is intended to discharge in advance the city, its officers, employees and agents from and against any and all liability, except for their sole negligence or intentional acts, connected in any way with the participation of myself or my minor children in activities;
- The described activity may be of a hazardous, strenuous, and/or physical nature;
- Participation in the described activity may occasionally result in injury, death or property damage;
- Knowing the risk involved, nevertheless, I voluntarily request permission for myself or minor child to participate in the described activity;
- I hereby assume any and all risks of injury, death or property damage, and to release and hold harmless the city, its officers, employees & agents, except for their sole negligence or intentional acts;
- This waiver, release and assumption of risk is to be binding on the heirs and assigns;
- I will indemnify and to hold the city harmless from any loss, liability, damage, cost or expense, including litigation, which they may incur as a result of any injury and/or property damage which myself or my minor children may sustain while participating in said activities;
- I will make good any loss or damage or cost the city may have to pay if any litigation arises on account of any claim made by said minors or by anyone on said minor's behalf;
- In the event that said minor requires medical or surgical treatment while under the supervision of said city personnel in connection with the described activity, such supervisor may authorize treatment;
- I will pay all medical, hospital, or other expenses which I or my minor children may incur as a result of such treatment;
- I expressly permit said minor child to travel by private automobile to activities and events related to the described activity.
- Activities are not child care as defined by the State of California.
- I understand that city staff may photograph or videotape me and/or my minor children and that the city may use such photographs or videotapes to promote city programs and classes. I expressly allow, and hereby waive any objection to, the City's photographing and/or videotaping of me and/or my minor children when I and/or my minor children are participating in a city recreation program. I understand all photos and videotapes will remain the property of the City of Davis.
- The City is not responsible for children following the dismissal of a program (except as otherwise noted in specific program areas).

I certify that I have custody or am the legal guardian of said minors by court order, and that I and my minor children are physically able to participate in the described activities. I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the City of Davis, and that I sign it of my own free will. The City may accept future phone-in registrations under these provisions. I also understand the Refund Policy and the Behavior Policy and the potential consequences set forth by the City of Davis and agree to such terms.

Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

### HOUSEHOLD INFORMATION - REQUIRED

#### PRIMARY CONTACT

First Name	Last Name	Birthdate
Relationship to Registrant(s): Self Mother Father Guardian Other _____		
Address _____		
City	State	Zip
Is this your credit card billing address? Yes No (see reverse)		
( )	( )	( )
Home Phone	Work / Cell Phone	
E-mail Address _____		
Would you like to set up an online account? Yes (see reverse) No		

#### EMERGENCY CONTACT

First Name	Last Name
( )	( )
Home Phone	Work / Cell Phone

