

Placerville Recreation Program Registration Form

Please submit form with payment to: City of Placerville Recreation Department, 549 Main Street, Placerville, CA 95667. Participant or legal guardian must complete the form in its entirety prior to the first class meeting.

Responsible Party Information: (please sign below)

Receipt No. _____

Name: _____

Mailing Address: _____ City/St: _____ Zip: _____

Day Phone: _____ Eve Phone: _____

E-mail Address: _____

Participant Name	Birth Date (If under 18)	Class #	Class Name	Start Date	Start Time	Fee

T-shirt size if applicable: Youth: ___ S ___ M ___ L Adult: ___ S ___ M ___ L ___ XL

T-shirt Fee (if offered)

Method of Payment:

Total Fee:

Cash Check-Payable to City of Placerville

Visa MasterCard # _____ Exp. Date: _____

I would like to contribute to the Recreation for Youth Fund. Enclosed is my check in the amount of _____

RETURNED CHECKS: THERE IS A \$25 CHARGE FOR ALL RETURNED CHECKS

"I, _____ the undersigned named individual(s) do hereby acknowledge that I have voluntarily agreed to participate in the aforementioned activity(ies). As consideration for my being permitted by the City of Placerville and its Recreation and Parks Department to participate in the aforementioned activity(ies), I hereby agree that I, will not make a claim against or sue the City of Placerville or any of its employees, agents or contractors for injury or damage resulting from the negligence or other acts howsoever caused by the City or its employees, agents or contractors as a result of my participation in the above-named activity(ies). I hereby release the City of Placerville, its agents, employees and contractors from all actions, claims or demands that I may now have or hereafter have for injury or damage resulting from my participation in the above-named activity(ies). I have carefully read this 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 Placerville and sign it of my own free will. I further acknowledge that the City of Placerville does not provide medical insurance for participants in the above named activity(ies) in the event of any injury incurred as a result of said participation. Cancellations and transfers must be done prior to the second program meeting. There is a \$25 charge for returned checks.

Participant Signature
(or parent if under age 18)

Date

Print Name

Classes may be cancelled due to lack of enrollment. Please pre-register so classes are not cancelled unnecessarily.

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