

REGISTRATION FORM

NAME (RESPONSIBLE PARTY) _____ ADDRESS _____ CITY _____
 ZIP _____ PHONE (HOME) _____ PHONE (BUSINESS) _____ E-MAIL _____

YES! Please notify me of upcoming classes and events via e-mail.

Participant Name First Last	Date of Birth	Male/ Female	First Choice Activity Code	Class Title	Second Choice Activity Code	Class Title	Fee	Leisure Buck #
Roger SAMILE Warner	11/11/02	M	36071	Karate	36103	Karate	\$55	123456

PAYMENT INFORMATION * Please note: all credit card transactions are subject to a 2.4% charge when registering for a course via fax, in person or over the phone.

MAKE CHECKS PAYABLE TO: "CITY OF MODESTO" <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD				TOTAL AMOUNT \$ <input type="text"/>	
NAME ON CARD _____		CARD # _____		EXP. DATE _____	
SIGNATURE _____					

I, the undersigned, understand that the transfer of funds from one class/program to another may not be allowed, nor can I arrange for another person to take my place in the class/program. I further understand that no refunds will be issued once a class begins. There will be no make-ups or refunds for classes/programs that I miss. As a participant, or legal guardian representing a minor participant, I am aware certain risks are inherent in the above activity. Nevertheless, to gain the City of Modesto's permission to participate, my intention by signing this document is to relieve the City of Modesto, its management and employees from liability, and save them harm from any claims I may have for personal injury, property damage or wrongful death caused by their negligence. I agree to allow use of my photograph, or other recordings, by the City of Modesto for any purpose without obligation or liability to me. I have read and understand the registration and program policies, and enter into this agreement of my own free will.

DISCLAIMER: The City of Modesto Parks, Recreation and Neighborhoods Department reserves the right to cancel, combine, change the time or date, or make any revisions that may be necessary to all classes and programs. Due to circumstances beyond our control, cancelled classes may need to be made up on a day other than a regularly scheduled class day and/or after the posted end date. To verify class or program availability, call (209) 577-5344.

DISABILITIES: Anyone who has a disability and needs special accommodation, and who desires to participate in a recreation program, should notify the Parks, Recreation and Neighborhoods Department office at the time of registration, or ten (10) working days prior to the start of the program. For persons with hearing impairment, please call telecommunications at (209) 526-9211.

X _____
 Signature of Responsible Party

You may also fax this form to: (209) 342-4705