

Activity Card

Registration Form (Please Print)

City of Menlo Park
Community Services Department
(650) 330-2200
Fax (650) 324-1721



☐ New Card ☐ Re-Issue ☐ Guest

Last Name: _____ First Name: _____

☐ New Address

Home Phone: () _____

Address: _____

Work Phone: () _____

City/Zip: _____

Would you like to receive Community Services Yes ()

Department information via email? No ()

Email: _____

Emergency

Relationship: _____

Contact Name: _____

Phone: () _____

ACTIVITY CARD AMOUNT: _____ DATE: _____

PAYMENT METHOD: Check one

<input type="checkbox"/> Check MAIL-IN Community Services Department 701 Laurel Street, Menlo Park, CA 94025 Make check Payable to: City Of Menlo Park \$30 charge for returned checks WALK-IN Rec. Center, 700 Alma St.	<input type="checkbox"/> Visa card <input type="checkbox"/> MasterCard Expiration Date: _____ Account #: _____ Account Holder Name: _____ I agree to pay the above charges. I authorize the City of Menlo Park to charge these costs to my credit card. Authorized Signature: _____	FAX (650) 324-1721 or (650) 327-7046 MAIL-IN/WALK-IN: "see address"
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Activity Card Policies:

- No refunds for drop-in activities.
- Card will only be issued to users 18 years of age or older.
- Lost cards may be replaced for the fee of \$5.
- Activity card waiver must be on file.
- Activity card or identification number must be presented at each drop-in use.
- Card balances are non refundable but may be used towards the purchase future classes.
- Card may be used for any class accepting drop-in registrations.

I, the undersigned parent, guardian, or participant do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity (ies) and I further agree to indemnify the Community Services Department, the City, its employees and officers harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual(s) arising out of or in any way connected with the participation in this activity. I further agree to permit the use of event/activity photography and/or video media production, which may include images of myself or individuals above.

Signature: _____ Date: _____ Circle one: Parent Guardian Participant

☐

Do you have any special needs that require specific accommodations so you can fully enjoy one of our classes or facilities?

Official Use Only

Receipt #	Date	Identification Number	Processed By
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