

# COMMUNITY SERVICES DEPARTMENT

## Registration Form

701 Laurel Street, Menlo Park, CA 94025 (p) 650.330.2200 (f) 650.324.1721



Primary Contact (Full Name):			
Address:	City:	State:	Zip:
Home Phone:	Work Phone:		
E-mail:	<input type="checkbox"/> The above address is NEW		
Emergency Contact Name:	Relationship:		
Primary Phone:	Secondary Phone:		

**RESIDENT FEES:** To qualify, you must submit a copy of your utility bill or Driver's license showing your current address within incorporated Menlo Park (P.O. Box is not acceptable).

**REFUND AND TRANSFER POLICIES:** If you cannot attend an activity or find the class not meeting your expectations, it is possible to request either a transfer or a refund. Your request will be prorated and assessed as follows: If you choose to transfer, we will apply the prorated amount of your enrollment fee to any other course within that session. If you prefer to receive a refund, a \$15 processing fee will be deducted from the prorated fee based on the date of the request, unless otherwise noted in our publication. All refund or transfer requests for classes with material fees or with two or fewer class meetings must be received one week prior to the class starting date. If the course is cancelled you will receive a full refund or you can request to transfer to another class.

Activity Code	Participant's Full Name	Birth Date	Activity Name, Date, Time	Activity Fee	Alternative Reg #
Does the participant(s) require any special accommodations to participate in the activity? <input type="checkbox"/> YES <input type="checkbox"/> NO				If yes, a Community Services staff person will contact you.	\$ = TOTAL FEES

### WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK:

I understand that there are inherent risks in participating in the above referenced recreational activity, and that injuries may occur from time to time even when much care is taken to make the activity safe. Knowing these inherent risks, nevertheless, in consideration of my or my minor child's participation in the above referenced recreational activity, I as a participant or as legal guardian on behalf of my minor child, hereby assert that my or my minor child's participation in this event is voluntary and agree to assume those risks and release, indemnify and hold harmless the City of Menlo Park, its officer's, agents, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to me or my minor child's person or property that may arise out of my or the minor child's participation in this activity, except where caused by the gross negligence or willful misconduct of the City of Menlo Park. I understand that this waiver, release and assumption of risk is binding on me, my minor child, and our heirs and assigns.

The undersigned further expressly agrees that the foregoing waiver, release and indemnification is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion therefore is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

In the event that the individual participating in the activity is a minor, I certify that I am his/her parent or legal guardian and I give my permission for him/her to participate in the recreational activity program. I understand my signature is a legal and binding signature and will be considered original if received by fax.

### USE OF PARTICIPANT PHOTOGRAPHS/VIDEO:

In addition to the foregoing, I further agree to permit the use of event/activity photography and/or video media production, of me or the minor on whose behalf I am signing this waiver. I agree to advise the City of Menlo Park Community Services Department in writing if I do not agree to the foregoing.

Signature of Applicant

Date

Check one: ☐ Self ☐ Parent ☐ Guardian

**Payment Information:** ☐ Cash ☐ Check ☐ Visa ☐ Mastercard

Account # \_\_\_\_\_ Exp. \_\_\_\_\_ Print Name on Card \_\_\_\_\_ CVC# \_\_\_\_\_

I agree to pay the above charges and authorize the City of Menlo Park to charge these costs to my credit card.

Authorized Signature: \_\_\_\_\_

**Please make all checks payable to: City of Menlo Park.** Note: There is a \$30 charge for returned checks.

### Office Use Only:

Final Payment: R# \_\_\_\_\_ Date \_\_\_\_\_ Residency Verified \_\_\_\_\_ Processed By \_\_\_\_\_

**CITY OF MENLO PARK**  
**(MENLO PARK GYMNASTICS)**

**WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK**

I, \_\_\_\_\_, do hereby agree to allow my child, \_\_\_\_\_, to participate in **Menlo Park Gymnastics** with the City of Menlo Park's Community Services Department (hereinafter collectively referred to as "**Gymnastics**"). I understand the inherent dangers of my child participating in the programming at the **Gymnastics**, which includes potential injuries such as strains, bruises, breaks, abrasions, and other similar injuries, and even accidental death. There is also the risk my child may contract an illness, lice, or other malady. In consideration of my child's participation in **Gymnastics**, I hereby waive, release and discharge the City of Menlo Park, its officers, agents, employees and volunteers, for any and all claims which I or my child may have, or which may hereafter occur to me or my child, as the result of participation in **Gymnastics** except where caused by the gross negligence or willful misconduct of the City of Menlo Park.

The undersigned further expressly agrees that the foregoing waiver, release and indemnification is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion therefore is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I certify that I am my child's parent or legal guardian and I give my permission for him/her to participate in **Gymnastics**. I understand my signature is a legal and binding signature and will be considered original if received by fax.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(circle one) Self Parent Guardian

Date: \_\_\_\_\_

**MEDICAL TREATMENT**

In the event of any emergency, if **Menlo Park Gymnastics** staff is unable to make immediate contact with a legal guardian, and any delay in consent would jeopardize the health and welfare of a child, I authorize the **Menlo Park Gymnastics** staff to secure medical personnel or any medical treatment deemed necessary for either my care or the care of my child whose behalf I'm signing this permission and agree that I will be responsible for payment of any and all medical services rendered. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the participant named above.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(circle one) Self Parent Guardian

Date: \_\_\_\_\_

1. Does the participant have any physical, social, psychological, or special needs concerns that would preclude, limit or otherwise affect participation in **Menlo Park Gymnastics**? If yes, please explain: NO/ YES

2. Is the participant taking any medication that could preclude, limit or affect participation in **Menlo Park Gymnastics**? If Yes, please explain: NO/ YES

3. Has the participant had any physical injuries or surgeries in the past two years? NO/ YES

If yes, what is the affected area and date of injury/surgery:

4. Does the participant have a history of allergic reactions to foods, medications or insect bites/stings? If yes, please list and explain: NO/ YES

\*\*\*Please ask staff for a copy of the City of Menlo Park's Medication Authorization Policy and fill out the appropriate authorization form if you would like to request that staff administer medication to participant.