



## Community Services Department

2001 East Street • Woodland, CA 95776 • Phone: (530) 661-2000 • Fax: (530) 666-7257

[www.cityofwoodland.org/communityservices](http://www.cityofwoodland.org/communityservices)

## Registration & Information Form

**Mark Your Calendars** Please Note the activity times, dates, and locations for courses and events.

**Pre-Registration** Nothing cancels a class faster than low enrollment. Each class strives for a minimum enrollment level that will cover the costs for instructor and facility use. If you see a class you are interested in, register early and invite a friend. We have 4 easy ways to register.

**Receipts** In an effort to keep costs down, we do not send receipts by mail. Receipts are available at the office by request.

**What to bring? What to wear?** Read the class descriptions for what to bring or what to wear for fitness, dance, sports, or other special interest classes.

**Refunds** and transfers are granted to cancellations received 72 hours prior to the first class unless otherwise noted in the class description. Failure to attend a class does not constitute grounds for a refund if you are not satisfied with a program you've attended, please contact the program supervisor. All changes and cancellations are subject to a *\$10.00 administrative fee*.

### Household Information

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_ Cell \_\_\_\_\_

Additional Adult \_\_\_\_\_ DOB \_\_\_\_\_

Male/Female Child 1 \_\_\_\_\_ DOB \_\_\_\_\_

Male/Female Child 2 \_\_\_\_\_ DOB \_\_\_\_\_

Male/Female Child 3 \_\_\_\_\_ DOB \_\_\_\_\_

Male/Female Child 4 \_\_\_\_\_ DOB \_\_\_\_\_

### Family Emergency Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_



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Total Fees \$ \_\_\_\_\_

Table with 6 columns: Participant Name, Activity Code, Fee, Participant Name, Activity Code, Fee

How did you hear about our program? Guide [ ] Facebook [ ] Website [ ] Other: \_\_\_\_\_

Payment Information

Payment Type:

- Cash
Credit Card Visa or MasterCard
Check payable to the City of Woodland

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXP: \_\_\_\_\_ / \_\_\_\_\_ #on back of card \_ \_ \_

Waiver of Liability, Medical release and Indemnification agreement for minor and adult participant

- 1. In consideration of the acceptance of my application for entry in the above event or class, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have as a result of my participation. This release is intended to discharge the City of Woodland and its agents and employees from and against any and all liability arising out of or connected in any way with my participation in said event or class, even though liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.
2. I understand that serious accidents occasionally occur during recreational activities, sports, outdoor activities, or fitness activities, and that participants occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of the particular activity for which I have registered, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.
3. It is further understood and agreed that this waiver, release, and assumption or risk is to be binding on my heirs and assigns.
4. I give the City of Woodland the right to use photographs of me and my child(ren), participating in this program, in its own promotional materials.
5. We will make good any loss or damage or cost the above entity may have to pay if any litigation arises on account of any claim made by said minor or by anyone on said minor's behalf.
6. In the event that said minor requires medical or surgical treatment while under the supervision of said entity personnel in connection with the described activity, such supervisor may authorize treatment; we will pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment
7. We expressly permit said minor child to travel by either private automobile or entity vehicle to activities and events related to the above activity.

Please list any pertinent medical problems, such as allergies, asthma, serious allergic reactions, etc.

I agree to accept and abide by the rules and regulations of the City of Woodland.

Signature

Date