



City of Paso Robles Community Services Department REGISTRATION FORM

If you would like your receipt e-mailed, please check

600 Nickerson Drive • Paso Robles, CA 93446 • (805) 237-3988 • Fax (805) 237-6424

How did you hear about us? Activity Guide Flyer Newspaper/Magazine Word of mouth Other

FAMILY ACCOUNT INFORMATION:

Adult/Parent/Guardian: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Participant's Name (Last, First)	Birth Date	Sex	Activity Name	Start Date	Time	Fee

PAYMENT BY: Cash Check: Payable to **"City of Paso Robles"**
 Am. Exp. / Discover / VISA / MC Credit Card # _____ Exp. Date ____ / ____ CVV Code _____

WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE: I fully understand that my participation in the event/class exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that I am voluntarily participating in this event/class and agree to assume any such risks.

I hereby release, discharge and agree not to sue the City of Paso Robles for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of the City of Paso Robles or any other participants in the event/class. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Paso Robles from any and all claims, demands actions or suits arising out of or in connection with my participation in the event/class.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

PARTICIPANT'S NAME(Print)  SIGNATURE (If Participant is 18 years or older)

DECLARATION: I declare under penalty of perjury under the laws of the State of California that I am the parent or legal guardian of Minor. I further declare that I shall indemnify and hold harmless the City of Paso Robles from and against any and all Claims resulting from, incident to, or arising out of Minor's participation in the event/class, any and all risks assumed by Minor and me above, and/or the breach of any promises, covenants, and/or representations made by me herein and/or in the above Release.

Parent/Guardian Name(Print)  Relationship Parent/Guardian Signature Date

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), the City of Paso Robles will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. The City of Paso Robles will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in the City of Paso Robles offices, even where pets are generally prohibited.

Contact Information: Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of City of Paso Robles, should contact Recreation Services at the address above. You may also call 805.237.3988 or fax your request to 805.237.6424. Please contact our department no later than 48 hours before the scheduled event. The ADA does not require the City of Paso Robles to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

TRANSFER, REFUND & CANCELLATION POLICY: Participants may transfer between programs prior to the second course meeting provided there is room in the course. For ongoing classes, participants may drop the class after they attend the first meeting and receive a prorated refund, however they must file for a refund before the second class. No refunds will be issued after the second class. For classes meeting only once and for Summer Camps and the Summer Swim Program, participants must file for a refund at least five business days before the class starts. Transfers for these programs are not available. Participants who wish to cancel must contact the Centennial Park Registration Office at 237-3988. There will be a minimum \$7 service charge. Refunds for cash registrations will be mailed from the City Finance Department approximately two weeks after the request is received. Refunds on checks will be issued after the check has cleared the bank, which is generally within 30 days of receipt. A participant may choose to keep the refunded money as credit on their account to be used for a future class.