



City of Paso Robles Department of Library & Recreation Services

REGISTRATION FORM

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

FAMILY ACCOUNT INFORMATION: Head of House Name: _____

Mailing Address: _____ City: _____ Zip: _____

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

In case of emergency contact: _____ Relationship: _____ Phone: _____

Are you a resident of the City of Paso Robles? Yes No How did you hear about this activity? _____

Table with 7 columns: Participant's Name (Last, first), Birth Date, Sex, Activity Name, Start Date, Time, Fee. Contains 4 empty rows.

PAYMENT BY (circle one):
- Cash \$ _____
- Check Please make Checks Payable to "City of Paso Robles" Check # _____
- VISA / MC / Discover Credit Card # _____ - _____ - _____ Exp Date ____/____/____

PARTICIPANT WAIVER: Waiver must be completed prior to participation in any activity. Participant has elected to take part in certain library and/or recreational activities. In consideration for and as a condition of such participation, participant agrees to assume all risks incidental to such participation and agrees to hold the City of Paso Robles, its instructors and employees, harmless from all suits, claims or demands of every kind and character arising out of or in connection with the undersigned as participant in said recreation program. Participant further releases the City of Paso Robles, its instructors and employees, from all suits, claims or demands of every kind and character which participant's successors or assigns shall or may have arising out of or by reason or in connection with the course of instruction and/or activities contemplated in the program. Participant represents that participant is in good physical condition and physically fit to participate in the program. I do hereby give permission to use photos, in which I may appear at this activity, for publicity purposes. All photos remain the property of the City of Paso Robles.

[X] Adult participant signature: _____ Date: _____

REQUIRED IF PARTICIPANT IS UNDER THE AGE OF 18: I hereby consent to the participation of the child(ren) listed in the above-described activity and specifically acknowledge all of the provisions of the waiver set forth above.

[X] Parent or legal guardian signature: _____ Date: _____

REFUND AND CANCELLATION POLICY: A minimum number of participants is required to hold classes and take trips. When registration is below the minimum, the Department of Library and Recreation Services (DLRS) reserves the right to cancel the program with participants receiving full refund or credit. It is highly recommended that you pre-register as early as possible to avoid programs being cancelled due to lack of enrollment. All other refunds will have a minimum \$7 processing charge per cancellation requested. Refund requests must be completed before the second class meeting. Special refund rates may apply as listed in program flyers (i.e., Events, Tournaments etc.). If a class is cancelled by the DLRS, and you cannot transfer to another class, a full refund or credit will be given without the processing charge. For more information call the DLRS at 237-3988. (4/10/2007)