



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

# REGISTRATION FORM

600 Nickerson Drive • Paso Robles, CA 93446 • (805) 237-3988 • Fax 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" Check # \_\_\_\_\_  
 Am. Exp. / Discover / VISA / MC Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

**Participant Waiver and Release of Liability:** Waiver must be completed prior to participation in any activity. Participant has voluntarily elected to take part in certain library and/or recreational activities. By virtue of participation, participant risks personal injury, death or property damage. Participant certifies to the best of their knowledge that their current physical condition is satisfactory for participation in the activity and agrees to assume all risks incidental to such participation. Participant hereby releases, discharges and agrees not to sue City of Paso Robles, its officers, employees, volunteers and agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the activity from whatever cause, including the active or passive negligence of City of Paso Robles, and its officers, employees, volunteers and agents or any other participants in the activity. 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 activities, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless City of Paso Robles, and its officers, employees, volunteers and agents from any and all claims, demands actions or suits arising out of or in connection with my participation in the activity. I do hereby give permission to use my photo, or photos of my child(ren) or of child(ren) I have guardianship of, that appear in activities, for publicity purposes. All photos remain the property of the City of Paso Robles.

I HAVE CAREFULLY READ THIS WAIVER, 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)

PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED IF PARTICIPANT IS 17 YEARS OF AGE OR YOUNGER: This is to certify that as a Parent or Legal Guardian of the participant, I consent to his/her waiver and release as set forth above. I realize participation in this program is voluntary.

\_\_\_\_\_  
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 Library & Recreation Services Department 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.