



# REGISTRATION FORM

Register online!  
<http://eplay.livelifelocally.com>

618 B Street ♦ San Rafael, CA 94901 ♦ 415.485.3333 ♦ fax 485.3186

Family Name (Parent/Guardian) \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Apartment or P.O. Box Number \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Person (other than self) in the area to be contacted in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

class code	Participant's name	date of birth	program title	dates	day	time	location	fee

**HOLD HARMLESS AND RELEASE AGREEMENT** The undersigned on behalf of himself/herself and on behalf of any child enrolled by the undersigned in the program, in consideration of participation in this program, agrees to indemnify and hold harmless, and to release, waive, and discharge, the City of San Rafael and its officers and employees, and any community organization cosponsoring the program, from any and all liability for any injury or property damage arising out of or in any way connected with participation by the undersigned or the enrolled child in this program, including injuries due to the active or passive negligence of the City, its officers, and employees. I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES AND PROPERTY DAMAGE SUFFERED.

I also certify that I (or my children) are knowledgeable as to all rules of conduct appropriate to the above-mentioned activity. Neither I or my child have any physical illnesses, conditions, disabilities or weaknesses that would interfere with safe participation in the activity. I recognize that bodily injury and/or property damage may be sustained through participation in this activity and acknowledge that I/we voluntarily accept all risks of injury to persons or property. In case of emergency, my child may be treated by a qualified physician.

<b>SIGNATURE</b>	<b>DATE</b>
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**REGISTRATION INSTRUCTIONS**

MAIL: Complete this registration form and send it with payment to:  
 San Rafael Community Center, 618 B Street, San Rafael, CA 94901  
 Please make checks payable to "City of San Rafael"

**METHOD OF PAYMENT**

- Cash
- Check
- Credit Card       MC       Visa

FAX: Complete this registration form, with credit card information, and fax it to (415)485-3186.

**Refunds:** A full refund will be made only if the class is cancelled by the Department. If the city cancels a class, any fees will remain on the customer's account until a request for refund is made. No refunds will be issued after the first class meeting. Refunds requested prior to the first class meeting will be charged an administrative fee of 25%. Refunds require up to 6 weeks to process.

A completed registration form must be in the Community Services Department's possession at the time of the first class meeting. If attending a class on a drop-in basis, a registration form must be completed and signed at each class.

Credit Card Number (if paying by VISA/MC) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_