

El Segundo Recreation & Parks Department REGISTRATION REQUEST FORM

PARENT'S NAME _____ REC I.D. CARD _____ BIRTHDATE _____ CELL PHONE _____
 ADDRESS _____ CITY _____ ZIP _____ WORK PHONE _____
 E-MAIL _____ HOME PHONE _____
 EMERGENCY CONTACT PERSON _____ CONTACT PHONE _____

| COURSE # | COMPLETE ACTIVITY NAME | DAY | TIME | STUDENT NAME | REC I.D. # | DOB | TOTAL FEE |
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The undersigned hereby agrees to defend, indemnify, and hold harmless the City of El Segundo and its Officers, Employees, and Agents from and against any and all loss, liability, charges, and expenses (including attorney's fees) and cost which may arise by reason of participation in any program. The City does not provide accident, medical, liability, worker's compensation insurance, or any other insurance for program participants. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participating at the premises. I understand the City retains the right to use photos taken during activities for publicity purposes. The undersigned hereby agrees to conduct themselves in an appropriate manner while participating in any City of El Segundo program, activity, event, or class. Furthermore, the undersigned agrees to abide by the City of El Segundo Code of Conduct at all times (copies posted & available at Recreation facilities).

SIGNATURE _____ DATE _____

TOTAL

Non-Resident Fee: 20% per class (\$15 minimum)

FOR OFFICE USE ONLY:
 REGISTRATION PROCESSED BY _____
 DATE _____

CREDIT CARD *(circle one)* VISA MC AMEX [STAFF USE ONLY: _____ Approval #] DATE OF SHREDDING _____

NAME AS IT APPEARS ON CARD _____ CARD # _____ EXPIRATION DATE _____

ADDRESS OF CARD HOLDER _____ CITY _____ ZIP _____