



REGISTRATION FORM

City of Cupertino Recreation and Community Services Department

CUPERTINO

Head of Household Information PLEASE PRINT

HOME PHONE

LAST NAME FIRST NAME

EMAIL ADDRESS CELL PHONE

HOME ADDRESS CITY ZIP CODE

EMER. CON. EMER. CON. PHONE

In consideration for the acceptance of my application for participation in or presence at the aforementioned activity, I HEREBY WAIVE, RELEASE AND DISCHARGE, the Cupertino Recreation and Community Services Department, the Cupertino Union School District, the Cupertino Public Facilities Corporation, the City of Cupertino and the County of Santa Clara, their agents and employees FROM AND AGAINST ANY AND ALL LIABILITY FOR ANY LOSS, PERSONAL INJURY, INCLUDING DEATH, OR PROPERTY DAMAGE THAT MAY HAVE ARISEN OUT OF, OR IN ANY WAY CONNECTED WITH, MY PARTICIPATION OR PRESENCE AT THE AFOREMENTIONED EVENT, EVEN THOUGH THAT LIABILITY MAY HAVE ARISEN OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS OR ENTITIES MENTIONED ABOVE AND HEREIN RELEASED, BUT DO NOT RELEASE THE ABOVE MENTIONED PERSONS OR ENTITIES FROM THEIR FRAUDULENT OR INTENTIONAL ACTS OR FOR THEIR NEGLIGENT VIOLATIONS OF STATUTORY LAW.

Furthermore, I assume all responsibility and agree to indemnify the City of Cupertino and the Cupertino Union School District for any loss, damage or injury to my property, or myself, which may have been caused by negligence, or any act, of any person connected in any way with the aforementioned event. I understand that the City of Cupertino does not guarantee the construction, condition, or safety of the facilities or the equipment and that this Release Agreement is to be binding on heirs, my assigns and me. I/we agree to allow use of my/our photograph for program publicity. I HAVE READ THE ABOVE, UNDERSTAND ITS MEANING AND VOLUNTARILY SIGN IT. PARENT OR LEGAL GUARDIAN MUST SIGN FOR PARTICIPANTS UNDER 18 YEARS OLD.

PARTICIPANT SIGNATURE **DATE**
(Parent or Guardian if under 18)

Please check this box if you have any special needs requiring special accommodations for you to fully enjoy a class.

Participant Name (First & Last)	Birthdate if under 18	M/F	Grade	Activity Title	Code 1st Choice	Code 2nd Choice	Code 3rd Choice	Fee

YES! I want to receive email notices of news, special events, and discounts. **Total Enclosed \$**

CREDIT CARD PAYMENT (check one):
 Visa MasterCard Discover AMEX 

Credit Card Number:

Expiration Date: CVC# : Authorized Amount:

Cardholder Name:

Authorized Signature :

- PAYMENT OPTIONS:**
- Checks—made payable to “City of Cupertino”
 - Credit Card—Visa, MasterCard, Discover, AMEX
 - Cash—Payments made in person (do not mail cash)

Mail your completed registration form to:
 Registration
 10185 N. Stelling Road
 Cupertino, CA 95014
 Phone: 408.777.3120 Fax: 408.777.1305