



CUPERTINO

# REGISTRATION FORM

City of Cupertino Recreation and Community Services Department

## Section 1 - Parent/ Legal Guardian Information (Please Print)

Primary Phone

Last Name	First Name
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I confirm my contact information has not changed since my last registration. (Skip to Section 2)

Email Address	Alternate Phone	
Home Address	City	Zip Code
Emergency Contact Name	Relationship	Phone

## Section 2 - Liability Waiver

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 NEGLIGENCE 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**

(Parent/ Legal Guardian if under 18)

[Signature Line]

**DATE**

[Date Line]

## Section 3 - Course Information/ Payment

Please check this box if you have any special needs requiring accommodations for the participant.

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

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—Payable to “City of Cupertino”
- Credit Card—Visa, MasterCard, Discover, AMEX
- Cash—Exact amount required (DO NOT MAIL)

### Mail your completed registration form to:

Registration  
10185 N. Stelling Road  
Cupertino, CA 95014  
Phone: 408.777.3120 Fax: 408.777.1305