

Authorized

Signature :

## **REGISTRATION FORM**

**City of Cupertino Recreation and Community Services Department** 

Section I - Parent/ Legal Guardian Information (Please P						Primary Phone				
Last Name				First Name						
☐ I confirm my contac	t informatio	n has ı	not cha	nged since	my last ı	egistratio	n. (Skip t	o Section 2)		
Email Address						Alternate Phone				
Home Address				City				Zip Code		
Emergency Contact Name			Relation	Relationship			Phone			
Section 2 - Liability Wa	 iver		<u> </u>				1			
ipating, I hereby RELEASE, DISCHARGE, A Clara, the Fremont Union High School Distric or loss to personal property arising out of, or i the event or class. I understand that City does In consideration for being permitted to partici from any and all claims, demands, actions or compensation. I HAVE CAREFULLY READ IS A FULL RELEASE OF ALL LIABILITY IF PARTICIPANT IS UNDER 18: I AM THI HARMLESS, AND AGREEMENT NOT TO HEIRS, ADMINISTRATORS, AND ASSIGN PARTICIPANT SIGNATU (Parent/ Legal Guardian if under Section 3 - Course Info	et, or any of their empl n connection with, my not guarantee the consi pate in the event or cla uits arising out of or ir THIS RELEASE, HO AND SIGN IT OF MY E PARENT OR GUAR SUE. I HAVE THE L STO ITS TERMS.  RE er 18)  rmation/ Pa	oyees, cont participation participation truction, co. ss, I hereby a connection LD HARM OWN FRI DIAN OF 7 EGAL CAI	ractors, volument in the even in the even in the even indition, or sa agree, for my in the my particles, AND EE WILL.  THE STUDE PACITY TO	nteers, or agents ("cd t/class from whatew fety of the facilities yself, my heirs, adm tricipation in the eve AGREEMENT NO NT ENROLLED IN SIGN AND ACT C	ollectively, City er cause, includ where the even inistrators, exec nt or class. I fu IT TO SUE AN. I THIS EVENT IN BEHALF OI	") to the fullest ex- ing the active or p t or class is taking utors, and assigns ther allow my ph D FULLY UNDE OR CLASS AND THE STUDENT	ctent legally poss assive negligence place. s, that I shall inde otograph to be ta RSTAND ITS C D HAVE EXECU F, AND AGREE	ible from any injury, deale of City or any other parents, defend and hold liken and used for City pu ONTENTS. I AM AWA	th, or damage rticipants in harmless City rposes without RE THAT IT	
Please check this box if  Participant Name (First & Last)			Grade				Code  Ist Choice	Code 2nd Choice	Fee	
(Filst & Last)	il ulider 16						ist Choice	Zila Ciloice		
							otal Enclose	d ¢		
CREDIT CARD PAYMENTVisaMasterCardDisco Credit Card Number:  Expiration Date: CVO Cardholder Name:	OverAMEX  C# : AL	ithorize	d Amoun	DISCOVER  TELE	<ul><li>Che</li><li>Cree</li><li>Cash</li></ul> Mail year	ENT OPTI cks—Payable dit Card—Vi n—Exact am	ONS: e to "City o isa, MasterC ount requir eted regist	f Cupertino" Card, Discover, A ed (DO NOT Ma	AIL)	

Phone: 408-777-3120 Fax: 408-777-1305