

A Registering Adult Please complete sections A through E. Please print clearly. Thank you.

last name		first name	
street address			
city		state	zip code
evening telephone	day telephone	email	
emergency contact (first/last name)		emergency contact phone number	

B Class or Activity Session Information

class code	participant's last name	participant's first name	m/f	date of birth	grade	activity name	page no.	activity fee
				/ /				
				/ /				
				/ /				
				/ /				
TOTAL								

C Waiver [All classes require the signature of each registering adult or the parent or guardian of any minor(s)]

Permission to participate in the above programs, including associated travel sponsored by the City of Palo Alto – Community Services Department, is given for myself and/or child as shown above. In consideration of participation in this program, I hereby indemnify and hold harmless and release the City of Palo Alto, its agents, its employees, and volunteers working for the City from any and all liability for injury suffered by myself or my child arising from or connected with this program. I assume all risk for any injuries. I sign of my own free will.

D Residency

**All first time registrants and current residents who have a new Palo Alto address must submit proof of residency with registration form. First-time non-resident PAUSD students must provide report card or parent letter.*

☐ Palo Alto resident* ☐ non-resident ☐ Palo Alto Unified School District - school _____

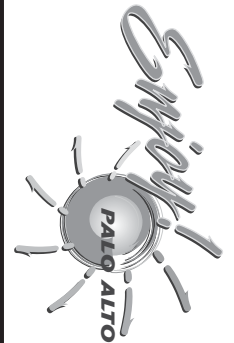
E Payment Information

☐ Visa ☐ MasterCard ☐ Fee Reduction Program ☐ cash ☐ check check no: _____ (payable to **City of Palo Alto**)

name as it appears on card

credit card number	expiration month / year	signature
		X

F Summer Camps & Aquatics Cancellation Policy. I have read and understand the City's cancellation policy as stated on page _____



City of Palo Alto Department of Community Services
**Spring Class
Registration
Form**

Office use only:

Date received

Date entered