

Hayward Area Recreation and Park District - Registration Form 1099 "E" Street, Hayward, CA 94541 (510) 881-6700 Fax: (510) 881-6763 www.Hayward

www.HaywardRec.org

Main Account Contact Information (Participant or if participant is under 18, Participant's parent or Guardian.)

Street Address			Last Name	City				Zip Code	
			Apartment #						
Primary Phone Secondary			hone	Text A	Text Alert Phone		<u> </u>		
Emergency Contact #1	Relationship		Phone Number	Emergency Contact #2		Relationship		Phone Number	
			Second Choice						
Participant First and Last Name	M/F	Birthdate	Activity Na	First Choice me Activity	Number	Activity Name	Activity Number	Fee*	
							<u> </u>		
							Total Fees:		
			D	greement, Waiver and	D-1	* /	Add non-resident fee o	of \$10.00 per class	
consideration for being permitted by the Hay eath, or property damage which I may have, on agents) from any and all liability arising or ersons or entities mentioned above. It is furth including its officers, employees, volunteers, a fully understand that my participation in the abountarily participating in this activity and agreer participation in the above-referenced activity of responsible for any loss, alteration, corrupt at photographs may be taken during this acting gned by parent/guardian if participant is understand harmless from any loss, liability, damage, ND RELEASE AND FULLY UNDERSTAND ARK DISTRICT AND I SIGN IT OF MY FREI IFORMATION: • Registration will not be promail address I am giving the District permissing the sold.	or which mut of or co her agreed and agents, above-refe e to assun y. I further ion or other vity and her a 18 years that said r cost, or e ITS CON WILL.	ay hereafter accrue to nnected in any way w that this waiver, relea) free and harmless fro renced activity expose ne any such risks. VIR understand and agre er damage to my pers ereby grant the Distric s of age) I hereby con- minor is physically able xpense which may are ITENTS. I AM AWAR	o me, as a result of participation in sa ase and assumption of ris or any loss, liability, dama es me to the risk of perso RTUAL CLASS RELEASE e that any material downless conal property, including of the permission to use any se sent that my son/daughte e to participate in said act ise out of or connected in RE THAT THIS IS A REL mation is completely filled	pation in said activity. The id activity, even though k is to be binding on my age, cost, or expense when al injury, death, commet: I hereby warrant and a coaded, viewed or otherw computers, networks and activity. I hereby agree to it any way with said mine EASE OF LIABILITY A out and the liability agri	nis release is in that liability my heirs, admininich may arise unicable diseasere, that the vise obtained to other propersing or in pronum, participate indemnify and or's participation of A CONTE	ntended to discharge in advantage and arise out of active or passistrators, executors and assignated out of or connected in any wasses, illness, viruses, and/or econditions of my environment through my participation in saty used as part of my participational materials. PARENTAGE in the above-referenced activity in the above-referenced activity. I HAVE CRACT BETWEEN MYSELF AND ASS been signed. E-MARKETMANTERS AND ASS been signed. E-MARKETMANTERS AND ASS BEEN MARKETMANTERS AND	nce the District (its officers sive negligence or careles gns and that I shall indem ay with my participation in sproperty damage. I hereby at are safe, free from obstraid activity is done at my own action. PHOTOGRAPHIC INTERPOLATION AND THE HAYWARD AR	employees, volunteers, sness on the part of the nify and hold the District aid activity. Additionally, acknowledge that I am actions, and are suitable on risk and the District is RELEASE: I understand: (To be completed and the above Agreement, inteers, and agents) free AGREEMENT, WAIVER EA RECREATION AND and that by providing my	
Signature						Date			
Please mark one:	☐ P	arent 🗖	Guardian 🗆 F	Participant					

METHOD OF PAYMENT: Payment by check or money order made payable to H.A.R.D., or by cash or credit (see below). **Payment Method:** ☐ Cash ☐ Check # Client Credit □ Visa v Discover ■ Mastercard Credit Card Number **Expiration Date** 3-Digit Security Code **Authorized Signature RETURN CHECK POLICY:** A \$35.00 fee will be charged for returned checks. **MEDICAL ALERT INFORMATION: DAY CAMP INFORMATION:** Grade youth will be entering in September: **T-Shirt Size:** Please mark one: Youth Adult ☐ Small ■ Medium □ Large ☐ Small ■ Medium □ Large □ X-Large

IMPORTANT INFORMATION:

- Registration will <u>not</u> be processed unless ALL of the information is completely filled out, payment received and the liability agreement (on reverse side) has been signed.
- For confirmation, send a stamped, self-addressed envelope.
- Please call 510-881-6700 immediately after faxing registration form to confirm receipt.