

City of Daly City Department of Library and Recreation Services Registration Form

Check if 'New Customer'

Check if 'Updating Address/Phone Number'

1 Main Contact Name - Parent/Legal Adult Guardian Name

Mr. _____ Gender (circle) Home _____
 Ms. _____ M F Phone _____
 Mrs. _____ Area Code _____ Number _____

First Name _____ Last Name _____

2 Complete All Information in Step 2 Below

Residence Address _____ No. & Street _____ Apt. No. _____ City _____ Zip Code _____

Main Contact Work Phone _____ Area Code _____ Date of Birth for person 1 above _____ / _____ / _____ (must be 18 or older) Home E-mail Address (for main contact) _____

Emergency Contact _____ First Name _____ Last Name _____ Emerg. Contact's Phone _____ Area Code _____ Number _____

3 Activity Registration

All participants listed here must live at the same address as listed above.

Participant Name - first and last (use one line for each person or course)	Class Title	1st Choice Class Code	2nd Choice Class Code	Class Fee \$	Date of Birth (mm/dd/yy)	Gender (M/F)
1.					/ /	M F
2.					/ /	M F
3.					/ /	M F

"Build a Dream" Scholarship Fund: \$2.00 donation enables disadvantaged Daly City youth to participate in the exercise, education, and cultural arts activities listed in this brochure. Bring our community together by the simple act of donating!

"Build a Dream" Scholarship Fund (optional) \$2.00

For your safety and security, credit card payments will only be accepted online at www.dalycity.org/iplay and at the Library and Recreation Services Administration office located at 111 Lake Merced Boulevard, Daly City, CA 94015.

Sub-Total	
Credit / Discount	
Total Fees	

Check (payable to City of Daly City)

Cash

Credit Card

MINOR MEDICAL/PERMISSION RELEASE

- The undersigned hereby authorizes the City of Daly City Recreation Staff to inform any licensed physician/surgeon/dentist to proceed with any medical treatment as seen fit or prescribed by a licensed physician/surgeon/dentist, to the minor named above. Any expenses and related costs generated by these steps, treatments, medication, x-rays, anesthetics or procedures shall be paid by the undersigned. _____ (Please initial)
- The undersigned agrees to indemnify and hold harmless, the City of Daly City, its Council, Officers, Boards, Commissions, Agents and Employees for any loss or liability which results or is alleged to have results from participation in this program. _____ (Please initial)
- The undersigned agrees to grant full permission to the City of Daly City to use my name and my child's name and photographs, videos, motion pictures or recordings for any publicity without obligation or liability. _____ (Please initial)

My child/dependent requires medication to be dispensed to him/her during a time of crisis/emergency. Please see staff for AUTHORIZATION for the ADMINISTRATION OF MEDICATION forms.

4 Signature _____ Date _____

One parent/guardian may sign for all minors on this account.

FOR STAFF USE ONLY

Incomplete forms will not be processed. Please print legibly.