



# REGISTRATION FORM

## 1. PRIMARY CONTACT

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle) M F

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Emergency Primary Phone (\_\_\_\_) \_\_\_\_\_ Emergency Secondary Phone (\_\_\_\_) \_\_\_\_\_

## 2. ACTIVITY REGISTRATION

Participant's Name First & Last Name	Date of Birth (mm/dd/yy)	Gender (circle)	Class Title	Class Code	Fee		
1.		M F					
2.		M F					
3.		M F					
4.		M F					
Sub-Total							
<small>Your donation to the "Build a Dream" Scholarship Fund enables disadvantaged Daly City Youth to participate in the programs and activities provided by the Department of Library and Recreation Services. Bring our community together by the simple act of donating!</small>			"Build a Dream" Scholarship Donation (Optional)				
Credit/Discount							
<input type="checkbox"/> Check (Payable to City of Daly City) <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card					Total Fees		

## 3. LIABILITY WAIVER & PHOTO 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.
- 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 resulted from participation in this program.
- 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.
- The undersigned assumes all risk for any injuries, including the risk of exposure to communicable diseases as a result of my child's and/or my participation in the program.
- To the extent I and/or my child are participants of virtual classes, I acknowledge I am responsible for ensuring my child's and/or my environment is safe/free from obstructions and that any use of third-party applications (Zoom, Microsoft Teams ,etc.) is done at our own risk.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR STAFF USE ONLY