



# PACIFICA PARKS, BEACHES, & RECREATION REGISTRATION FORM

One form may be used to register several different family members. Additional copies may be downloaded at [www.cityofpacifica.org/registration](http://www.cityofpacifica.org/registration).

## To Register:

Complete Sections A-D on the registration form or you can register online 24 hours a day at <https://apm.activecommunities.com/pacifica>.

All payments are due in full at time of registration. Please make checks/money orders payable to "City of Pacifica." Cash or credit card can be processed in person at the Parks, Beaches & Recreation Department Office or the Pacifica Community Center (see page 30 of play brochure for specific times).

## SECTION A: PARENT/ADULT CONTACT INFORMATION (Main Account Holder)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ New Account? Yes \_\_\_ No \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Provide your email address (for program updates) \_\_\_\_\_ @ \_\_\_\_\_

Local Emergency Contact: First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Home No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How did you hear about us? (Check one)  PLAY brochure/flyer  Pacifica Tribune  Neighbor/Family/Friend  
 Internet Search  City of Pacifica website  E-mail  Facebook

## SECTION B: RELEASE OF LIABILITY INDEMNITY & ASSUMPTION OF RISK (Mandatory for Participation)

I understand that the activity for which I am registering (or for my child), including but not limited to any class, program or event "Activity" provided in connection with the City of Pacifica can be dangerous and involves the risk of injury, property damage or death. Despite the risk involved and in consideration of the right to participate, I voluntarily agree to expressly assume any and all risk of injury, property damage, or death which might be associated with participation in the Activity, and use of any facilities belonging to the City of Pacifica. I agree, on behalf of myself and my heirs, successors or assigns, to hold harmless, Indemnify and defend the City of Pacifica, its officers, employees, affiliates and agents ("City") against any and all liability, claims, losses, damages, lawsuits or expenses, including reasonable attorneys' fees, arising in connection with my participation in Activity. I agree to the use of my name and/or image as well as my child's name and/or image for City publicity. I agree in case of emergency City may administer CPR or arrange for medical transport. I agree the City is not responsible for lost or stolen items. I agree the City may deny me permission to participate in Activity. **Photos/Videos:** The City of Pacifica may use for publicity or marketing purposes, work samples, photographs, slides, videos, DVDs and/or other images taken of myself or of my child while in the program.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Participant over 18 years of age or Parent or Guardian)

### PARENT/GUARDIAN AGREEMENT CONSENT (to be completed if applicant is under 18 years of age):

I give consent for my son/daughter/dependent child to participate in the Activity(ies), and I execute the above release on his/her behalf. I have read and understood the registration form, liability release and parental consent form, and agree to all their terms and conditions.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Parent or Guardian)

## SECTION C: REGISTER PARTICIPANTS

Please check box for Adapted Aquatics

First Name	Last Name	DOB	M/F	Activity Name	Activity #	Fee
						\$
						\$
						\$
<b>TOTAL DUE</b>						<b>\$</b>

### Please fill out the following questions for Parents Night Out and J-Teen ONLY

- Does the child have any special needs or medical concerns/limitations that staff needs to be aware of to provide optimum service: \_\_\_\_\_  
A.) Is your child under a current IEP with the school district \_\_\_\_\_  
B.) Is your child currently taking medication \_\_\_\_\_
- Please indicate any environmental or medication allergies: \_\_\_\_\_
- Please indicate any food allergies or special dietary needs: \_\_\_\_\_

## SECTION D: METHOD OF Cash Check Visa Master Card American Express

Make checks payable to City of Pacifica. Please fill out cc information below if mailing/faxing form.

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

### Office Use Only

Received by: (Staff Initials)	Date Received:	Date Entered:	Entered by: (Staff Initials)
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