

REGISTRATION FORM

Please print and fill out completely. Proof of Santa Monica residency is required for resident rate. Please include a copy of current utility bill and photo ID.

Participant Information

Full Name First _____ Last _____

Male Female Birth Date _____ Age _____ Grade _____

School _____ Homeroom _____

Check if this is a new address, phone number or e-mail address

Custodial Parent Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-mail _____

Special Needs / Medications _____

Cultural / Ethnic Background (optional) _____

Payee Information (person paying for registration)

Full Name (First and Last) _____

Driver's License _____

Check if this is a new address, phone number or e-mail address
Complete if different than participant:

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-mail Address _____

For office use only

Date _____ Check _____ Receipt _____

SECTION A: Activities

List choices for classes only.

Session Number	Class / Activity Name*	1st Choice		2nd Choice		3rd Choice		Fee**
		Day	Time	Day	Time	Day	Time	
Total Fees								

* Includes camps, child care, classes and workshops ** Santa Monica residents, please include copy of current utility bill and photo ID

Refund Policy: Workshops, Camps and CREST Child Care (4th and 5th graders): Refunds issued only with medical documentation. A \$15.00 cancellation fee applies. Requests must be made in writing to the program supervisor, in person, or by fax, mail or email.

Classes: refunds issued only if requested within one working day after the 1st class meeting. A \$15 processing fee will be deducted for each refund. Requests must be made in writing to program supervisor, in person, or by fax, mail or email.

SECTION B: Release Authorization

Please list LOCAL adults over age 18 that we are authorized to release your child to in the event that you cannot be reached during an emergency.

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

My child may sign himself/herself in or out of camp at the end of the program day (My child must be at least 12 years old). YES NO

SECTION C: Form of Payment

Check (For each activity, please make separate checks payable to City of Santa Monica.)

Money Order

Credit Card (check one) MasterCard Visa Discover

Exp. Date: _____
Mo. ____ / Yr. ____

Cardholder's Signature _____

Youth Financial Assistance (To apply call 458-8540.)

Mail registration form to:
City of Santa Monica
Attn: Registration
1133 7th Street
Santa Monica, CA 90403



Or fax registration form with credit card info to:
(310) 451-3569

WAIVER, RELEASE AND ASSUMPTION OF RISK In consideration of the applicant's participation in the above activity, I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in that activity. This discharges in advance the City of Santa Monica, its employees and other agents from liability even though that liability may arise out of their negligence. I know that this activity involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns. I give permission for any medical care that the leaders of the above deem necessary.

PHOTO RELEASE I hereby consent to the photographing, recording or reproduction in any other manner (including use of videotapes and audiotapes) of the likeness, voice and/or activities of the participant and further authorize the City of Santa Monica, its agents or assigns, to make unlimited use of such reproductions, including, but not limited to broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation now or in the future for participating. I do hereby release and hold harmless the City of Santa Monica, its officers and employees, from any claims.

Check the appropriate box, sign, date and print your name below: Parent Legal Guardian

Signature _____

Date _____

Print Name _____