

REGISTRATION Form

City of Los Altos Recreation Department • 97 Hillview Avenue, Los Altos, CA 94022

Head of Household Information *(Please Print)*

	Home Phone
Last Name	First Name
E-mail Address	Cell Phone
Home Address	City Zip
Emergency Contact	Emergency Contact Phone

READ & SIGN BELOW: Through this registration form, I hereby absolve the City of Los Altos, its employees & officers from all liability which may arise as the result of my participation in the activities listed below, and in the event that the below-named participant is a minor,

I hereby give my permission for his/her participation as indicated & in so doing absolve the City of Los Altos, its employees & officers from such liability. In addition, I agree to allow use of my/our photograph for program publicity. I have read & understand the City of Los Altos Recreation Department refund policy. Furthermore, reservation of a place in a class or program does not constitute any form of guarantee by the City of Los Altos that the class or program will take place. The City of Los Altos reserves the right to cancel any program or class at any time for any reason, as its sole discretion. Money paid in advance for any class or program that is cancelled by the City of Los Altos will be refunded in full.

REFUNDS & TRANSFERS Refund and transfer requests must be submitted in writing up to five working days prior to the first working day of class. All refunds will be charged a \$20 service fee. Email your refund and transfer request to info@losaltosrecreation.org. No refunds or transfers will be given after class begins.

PARTICIPANT SIGNATURE (Parent or Guardian if under 18)	Date
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If you have any special needs requiring specific accommodations for you to fully enjoy a class or facility, please contact us at info@losaltosrecreation.org

PARTICIPANT NAME (First & Last)	BIRTHDATE	M/F	CLASS CODE	CLASS TITLE	T-SHIRT SIZE*	FEE

**T-shirts for Camp jelly bean, Camp Shoup, Redwood Grove Camps and Combo Camps only. Sizes available: Youth Small, Medium or Large; Adult Small*

TOTAL DUE: _____

CREDIT CARD PAYMENT (check one)

Visa
 MasterCard
 Discover

Cardholder Name: _____

Card Number: _____

Exp. Date: _____

Signature: _____

- PAYMENT OPTIONS:**
- Checks made payable to City of Los Altos
 - Visa, MasterCard or Discover credit cards
 - Cash payments must be made in person; please do not mail cash
- REGISTRATION FORM RETURN OPTIONS:**
- Email form to info@losaltosrecreation.org
 - Mail form to 97 Hillview Ave, Los Altos, CA 94022
 - Fax form to 947-2738
 - Walk in to the Recreation Office at 97 Hillview Ave, Los Altos