



Los Altos Senior Program
97 Hillview Avenue, Los Altos, CA 94022
(650) 947-2797 / Fax: (650) 947-2738
www.losaltosrecreation.org

LOS ALTOS SENIOR PROGRAM MEMBERSHIP FORM

CONTACT INFORMATION PLEASE PRINT CLEARLY			
First Name:		Last Name:	
Address:			
City:		State:	Zip:
Home Phone:		Alternate Phone:	
Email:	Birthdate: _____/_____/_____		<input type="checkbox"/> Male <input type="checkbox"/> Female

EMERGENCY CONTACT INFORMATION			
1.	Name:	Relationship:	
	Home Phone:	Alternate Phone:	
2.	Name:	Relationship:	
	Home Phone:	Alternate Phone:	

WAIVER OF LIABILITY	
<p>In consideration of participation in a class, trip, program or activity offered by the Recreation Department of the City of Los Altos, I, the below undersigned, agree to indemnify and hold the City of Los Altos harmless, and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury, or property damage which I may have or which hereinafter may accrue to me against the City of Los Altos, its City Council, employees, agents, volunteers, independent contractors and instructors from and against any liability arising out of or connected in any way with my participation in a class, trip, program or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in a class, trip, program or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me (or heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my heirs and assigns. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of California and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I agree to allow use of my image, which may be captured through video, photo, digital camera or other media, for City of Los Altos promotional materials and publications.</p>	
<i>By my signature below, I acknowledge that I have read this document and understand its contents.</i>	
Signature:	Date:

MEMBERSHIP RENEWAL

When renewing please update the membership form and initial below.

*After three years a new form must be filled out.

1.	Renewal Date:	Member's Initials:	Staff/Volunteer Initials:
2.	Renewal Date:	Member's Initials:	Staff/Volunteer Initials:

MEMBERSHIP INFORMATION

Membership is valid for one year from the day of sign-up.

\$10 admin. fee for all refunds.

<u>Membership and Newsletter:</u>	<u>Membership Only:</u>	<u>Newsletter Only:</u>
Resident: \$31.00	Resident: \$26.00	Resident: \$5.00
Non-Resident: \$45.00	Non-Resident: \$40.00	Non-Resident: \$5.00

OFFICE USE ONLY

Membership #:	Filing Initial:
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<u>Membership Form:</u>	<u>First Renewal:</u>	<u>Second Renewal:</u>
Date Rec'vd:	Date Rec'vd:	Date Rec'vd:
Rec'vd by:	Rec'vd by:	Rec'vd by:
Date Entered:	Date Entered:	Date Entered:
Paid by: <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check Check #: _____	Paid by: <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check Check #: _____	Paid by: <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check Check #: _____