City of Palo Alto Department of Community Services

REGISTRATION

Art Center	329-2366
Lucie Stern	463-4900
Children's Theatre	463-4930
Cubberley	329-2418
Jr. Museum & Zoo	329-2111

Waiver (all classes require the signature of each Registering Adult or the Parent or Guardian of any Minor(s). Permission to participate in the following programs, including associated travel sponsored by the City of Palo Alto Community Services Department is given for me and/or child as named below. In consideration of participation in these programs, I hereby indemnify and hold harmless and release the City of Palo Alto, its agents, its employees and volunteers working for the City, from any and all liability for injury suffered by me or my child arising from or connected with these programs. I assume all risk for any injuries. I sign of my own free will.

Signature		Second registrant's signature (if two adults are registering or	the same form)
print name	date	print name	date

Primary Adult Contact (Please Print)

Last Name:	First Name:		Phone #
Address:	City:	Zip:	Email

Course or Activity Session Information

COURSE CODE	PARTICIPANT'S LAST NAME	PARTICIPANT'S FIRST NAME	M/F	DATE OF BIRTH	GRADE	ACTIVITY NAME	ACTIVITY FEE

Fee Reduction Program: ____Only register if fee reduction is available _____Register at full rate once fee reduction limit has been reached.

Withdrawal and Transfer requests: If you are not satisfied with your experience for any reason and choose to withdraw your registration, please let us know in writing prior to the second class meeting. We will place a credit on your Enjoy account that can be applied to another course. If you prefer to receive a refund, a \$15 processing charge will be deducted from each course fee. Participants may transfer between courses, prior to the second class meeting, on a space-available basis. There is no charge for transfers, but participants will be responsible for any additional costs.

Help Support:	_ Recreation & Human Servic	es Arts & Sciences _	Parks & Open Space By	Donating \$
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Payment Information Check	Cash	0	Charge	Total Amount: \$
Card No:		Expiration:	Signature:	

The City of Palo Alto welcomes participants of all abilities to participate in our programs. Please contact the program coordinator associated with the class (pg. ii) to discuss any special needs you have.

We will not let a child under the age of 14 leave class by him/herself unless the parent/guardian checks the "yes" box below.

Please indicate if you grant your child permission to sign him/herself out.

- □ YES, I permit my child ______ to leave class by him/herself for every class meeting this quarter.
- NO, I do not permit my child _______ to leave class by him/herself for every class meeting this quarter.

Photo & Video Waiver for all classes and camps provided by the City of Palo Alto

Photos and video footage may be used for publication including newsletters, press media, website, flyers, and brochures by all City of Palo Alto entities.

VES, I permit my child/children to be photographed and/or videotaped while in a City of Palo Alto class.

NO, I do not permit my child/children to be photographed and/or videotaped while in a City of Palo Alto class.

Create a New Account/ Make Changes

Please visit <u>www.cityofpaloalto.org/enjoyonline</u> to create your new account or to make changes to existing Enjoy! accounts. For assistance, please call 650-463-4900.