

ACTIVITY 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

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work () _____

Cell Phone () _____ E-mail _____

Special Needs / Medications _____

Allergies _____

Cultural / Ethnic Background (optional) _____

Payee Information (person paying for registration)

Full Name (First and Last) _____

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 () _____

Cell Phone () _____ E-mail _____



For office use only
Date: _____
Check: _____
Receipt: _____

SECTION A: Camps, Classes and 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

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 out of camp at the end of the program day (must be at least 12 years old to sign themselves out). 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, 458-2239 or 458-8700.)

MAIL REGISTRATION FORM TO:

City of Santa Monica
 Joslyn Park Comm. Classes
 Attn: Summer Registration
 633 Kensington Road
 Santa Monica, CA 90405

Or fax registration with credit card info and proof of residency if applicable to: (310) 581-2679

MAIL AQUATICS REG. FORM TO:

City of Santa Monica
 Swim Center
 Attn: Summer Registration
 2225 16th Street
 Santa Monica, CA 90405

Or fax registration with credit card info and proof of residency if applicable to: (310) 450-5076

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 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 in print media, over radio and television stations or the internet. 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.

Signature _____ Date _____

Print Name _____