



ACTIVITY REGISTRATION FORM

First Name of [] Participant, or if under 18, [] Participant's Parent or Guardian Last Name

Street Address Apt. # City Zip

Home Phone Work Phone Cell Phone Email

FIRST CHOICE

SECOND CHOICE

Table with 8 columns: Participant First and Last Name, M/F, Birthdate, Activity Name, Activity Number, Activity Name, Activity Number, Fee *

* ADD NON-RESIDENT FEE OF \$10.00 PER CLASS

TOTAL FEES

I have carefully read description of class(es) for which I/we are registering and in consideration for being permitted by the Hayward Area Recreation and Park District to participate in the above activity described in this brochure, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity.

PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age). I hereby consent that my son/daughter, participate in the above activity described in this brochure and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE HAYWARD AREA RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature Circle One: Parent Guardian Participant

Date

SEE BACK SIDE



METHOD OF PAYMENT

Payment by check or money order made payable to H.A.R.D., or by cash or credit card (see below).

Payment Method: Cash Check # _____ Client Credit _____

Visa/Mastercard/American Express _____ - _____ - _____ - _____ Exp. Date _____ 3-Digit Sec. Code _____

Authorized Signature

RETURN CHECK POLICY: A \$25.00 fee will be charged for returned checks.

IMPORTANT INFORMATION:

Registration will not be processed unless ALL of the information is completely filled out, payment received and the liability agreement (on reverse side) has been signed.

For confirmation, send a stamped, self-addressed envelope.

Please call 510-881-6700 immediately after faxing registration form to confirm receipt.

DAY CAMP INFORMATION:

Grade youth will be entering in September: _____

T-shirt size: Circle One: Youth// Small Medium Large Adult// Small Medium Large Extra Large

E-MARKETING SIGN-UP:

Yes, please sign me up for your e-news alerts including District related Constant Contact, Facebook, and District and program alerts. By checking this box you are providing our District permission to add your email address to our e-marketing contact list, used **only** for District e-marketing purposes. You may unsubscribe at any time you wish. Your email will not be sold or used.