

# HAYWARD AREA RECREATION AND PARK DISTRICT REGISTRATION FORM



**Make check payable to: H.A.R.D.**  
**Mail to: 1099 "E" Street, Hayward, CA 94541**  
**Fax to: (510) 881-6763**

FIRST NAME _____	LAST NAME _____
ADDRESS _____	STREET _____
CITY _____	ZIP _____
EMAIL ADDRESS _____	HOME PHONE _____
(_____) _____ X _____	(_____) _____
WORK PHONE _____ EXT. _____	OTHER PHONE: (CELLULAR, EMERGENCY) _____

Participant's First and Last Name	Sex	Birthdate	FIRST CHOICE				SECOND CHOICE				FEES
			Class Name	Class Number			Class Name	Class Number			
		/ /									\$
		/ /									\$
		/ /									\$
		/ /									\$
		/ /									\$
<b>NON-RESIDENT FEE IS \$10 PER CLASS</b>											
<b># of classes _____ x \$10 per class =</b>											\$
<b>TOTAL AMOUNT DUE:</b>											\$

## LIABILITY AGREEMENT, WAIVER, AND RELEASE

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. This release is intended to discharge in advance the Hayward Area Recreation and Park District (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating 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:** \_\_\_\_\_  
 Parent    Guardian    Participant      Date: \_\_\_\_\_

**PAYMENT METHOD:**

- Cash     Client Credit     Check: # \_\_\_\_\_  
 Visa     MasterCard     Amex

CARD NUMBER:

[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]
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Credit Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**IMPORTANT INFORMATION:**

- Registration will not be processed unless ALL of the information is completely filled out and the liability agreement (left) has been signed.
- For confirmation, send a stamped, self-addressed envelope.

**DAY CAMP INFORMATION:**

Grade youth will be entering in September: \_\_\_\_\_  
T-shirt Size: **YOUTH:** YS YM YL    **ADULT:** AS AM AL AXL

NO MAIL-IN  
OR FAX-IN  
REGISTRATION  
FOR SWIM  
CLASSES