



City of San Marino

RECREATION REGISTRATION FORM

Mailing Address: 2200 Huntington Drive, San Marino, CA 91108

Location Address: 1560 Pasqualito Drive, San Marino, CA 91108

Hours: Monday - Thursday, 8 am - 5 pm; Closed Fridays

Phone: (626) 403-2200

HOUSEHOLD INFO

ADULT Last Name	ADULT First Name	E-mail Address
Street Address	City/State	Zip Code
Home Phone #	Work Phone #	Emergency Phone #
		<input type="checkbox"/> or check one: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Cell Phone #		
School Attending (Please Note Participant)	Allergy Info / Special Accommodations (Please Note Participant) <input type="checkbox"/> check box if participant has no allergy / special accommodations	

Participant's Last Name	Participant's First Name	Birthdate	Sex	Activity Number	Activity Name	Fee	<input checked="" type="checkbox"/> Lab Fee* If Applicable
							<input type="checkbox"/> \$
							<input type="checkbox"/> \$
							<input type="checkbox"/> \$
							<input type="checkbox"/> \$
							<input type="checkbox"/> \$
							<input type="checkbox"/> \$
<input type="checkbox"/> CASH (Walk-In Only) <input type="checkbox"/> CHECK # _____ (Payable to City of San Marino) <input type="checkbox"/> CREDIT CARD (Visa, Mastercard, or Discover)						TOTAL FEES DUE	\$

*Lab Fee is payable to the instructor by a separate check or cash. DO NOT MAIL CASH.

Please sign below

I absolve and agree to hold harmless the City of San Marino, its employees, officers or agents from any liability which may result from my participation or that of any minor in my legal custody in the above activity. I give permission for his/her participation in the above activity, and for any necessary emergency medical treatment. Occasionally, images of recreation participants are used for promotional purposes in City-related media; by signing up for a class or activity, I grant the City of San Marino permission to use my and/or my child's photograph or likeness, or that of a pet or personal property.

X _____
Signature of Release of Liability

This form must be signed by a Parent or Legal Guardian, if the participant is under 18 years of age.

Date _____

For Mail-In Registration Only: Credit Card Info

Visa
 Mastercard
 Discover

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Exp. Date ____/____/____

Cardholder Signature _____ Zip Code _____