

How to Register

City of Pleasanton
 Parks & Community Services
 P.O. Box 520
 Pleasanton, CA 94566
Registration Form
Spring Classes and
Summer Camps 2012

Phone: (925) 931-5340

See page 6
 for Registration
 Information



Register with your Visa
 or MasterCard!

Please limit registration form to family members living in the same household only!

Refund Policy—Please read!

Withdrawals and Transfers: If you wish to drop a class or transfer to another session, call us at least 10 days before the start date for a refund or credit. Choose your classes carefully. No refunds for non-attendance, one-day workshops or materials fees.

NO FAXES ACCEPTED!

Resident* Nonresident *Individuals residing within the City of Pleasanton city limits.

E-mail Address _____

Parent/Guardian _____ Home Address _____

City _____ Zip _____ Phone (home) _____

Phone (business) _____

Participant Name	Date of Birth (under 18)	Male/ Female	First Choice: Activity Code	Activity	Second Choice: Activity Code	Activity	Fee
Dustin Hyland	3/2/08	M	52405	Lil Baseball	52406	Lil Baseball	\$128.00
Community Services Fee Assistance Program Donation							\$
Total							\$

Waiver, Release and Assumption of Risk: The City of Pleasanton is sponsoring the following activity _____ My (My child's) participation in this activity is voluntary. I am (My child is) physically fit to participate in this activity. I understand that this activity involves risks and that serious injuries could occur while I am (my child is) participating in this activity. In addition, if transportation is provided to the activity, serious injuries could occur. Knowing these risks, I want (my child) to participate in this activity. I (on behalf of my child) hereby assume the risk, and hereby waive, release and discharge the City of Pleasanton, its Council, officials, employees, instructors, agents, sponsors and promoters of this activity, for any and all claims for damages for personal injuries, or claims for damages to property, which I (my child) or my (child's) heirs, assigns, executors or administrators may have or which may accrue to my (child's) participation in this activity, including transportation to or from the activity. I have read the above and understand that important legal rights are being waived. Unless otherwise indicated, I consent to the City's use of any photographs that are taken of me or my child while participating in the City's programs for use in the City's brochures and flyers that are distributed both as printed documents and on the internet. No payment will be made for use of these photographs.

Name of Participant: _____ Signature Required: _____ Date: _____
 Check Enclosed Total Amount \$ _____ Make Check Payable to: City of Pleasanton. Visa MasterCard Card Number _____ Exp _____
 Total Amount \$ _____ Card Holder Signature _____

City of Pleasanton Tax I.D. #: 94-6000397

Mail-In Registration Procedure/Form

Ph: 931-5340