

REGISTRATION FORM

- Please write legibly; fill in all required spaces, including the activity number for each class
- Mail or bring your registration form to: Recreation Center, 650 Shell Blvd. Foster City, CA 94404

HOUSEHOLD INFORMATION

Name: _____

Street Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

ACTIVITY REGISTRATION

Participant's Name	Age	Birthdate	M/F	Activity Name	Activity #	Fee

Persons with disabilities are welcome to participate in any class or activity offered. Do you have any special needs that require specific accommodations so you can fully enjoy one of our classes or facilities? If yes, check here: ☐

Fees: \$ _____

Non-Resident Fee (add \$10 per class): \$ _____

TOTAL: \$ _____

PAYMENT INFORMATION

Payment Method: ☐ Cash ☐ Check (Payable to "City of Foster City") ☐ Credit Card

Receipt: ☐ Email ☐ Mail

I hereby authorize the use of my MasterCard or Visa account:

Name on Card: _____

Card Number: _____ - _____ - _____ - _____

Expiration (Month/Year): _____ / _____ 3-Digit Security Code: _____

Signature: _____



LIABILITY WAIVER & MEDIA RELEASE

I hereby agree to hold the City of Foster City, the Estero Municipal Improvement District, their employees, officers, and program and activity instructors harmless from all liability which may arise as a result of my participation in the above activities. In the event that the above named participant is a minor I hereby give my permission for his/her participation in the above listed activities and also agree to hold the City of Foster City, the Estero Municipal Improvement District, their employees, officers, and program and activity instructors harmless from all liability which may arise as a result from said minor's participation in such activities. I understand that the above named activities may involve risk or accidental injury and hereby voluntarily assume such risks. I/we agree to allow my/our photo and/or video for program publicity. If the participant is a minor, the parent or guardian must sign below.

Signature: _____ Date: _____

☐ Participant ☐ Parent ☐ Guardian