

CONCORD COMMUNITY & RECREATION SERVICES REGISTRATION FORM



WITHDRAWALS AND TRANSFERS

If you wish to drop a class or transfer to another session, call us at **least five (5) full working days** before the start date for a refund or credit. **No refunds for non-attendance, one-day workshops, trips or materials fees.**

QUALITY ASSURANCE

Try our classes. If, after attending the first class, you are not happy with the quality of the program, call us right away. Tell us what was wrong so we can make it right. If you call before the second class we will give you a full refund or credit. There are no refunds for non-attendance, one-day workshops, trips or materials fees.

HOW DID YOU HEAR ABOUT THIS PROGRAM?

- Activity Guide
 On-going Program
 Friend or Family
 Brochure or flyer through school
 City Website
 Email Newsletter
 Cable TV Channel
 Banner / Public Display
 Newspaper
 Other _____



Head of Household		<input type="checkbox"/> Concord Resident <input type="checkbox"/> Non-Resident	
Address		<input type="checkbox"/> If you or your child have a special need or disability, please check here.	
City		State	Zip
Email	Phone (Day)	Phone (Eve)	

ACTIVITY REGISTRATION: This is for (check one) <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall				
Participant Name	Date of Birth	Course #	Course Title	Fee
Total Fees \$				

WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK

I, the undersigned, wish to participate in one or more activities (hereinafter collectively referred to as "the Activity") conducted in collaboration with the City of Concord's Community and Recreation Services Department. I am aware that serious accidents and injuries occasionally occur during recreational pursuits such as the Activity. In consideration of my participation in the Activity, I knowingly and voluntarily assume all risks arising therefrom, and on behalf of myself, my heirs and assignees release the City of Concord, its officers, agents, employees and volunteers from any and all claims, liens, damages, lawsuits, or liability for property damage, injury or death, resulting from, arising out of, or in any way connected with my participation in the Activity. I agree and acknowledge that this Waiver and Release From Liability/Assumption of Risk shall apply even in the event that I suffer death, personal injury, or property damage as the result of negligent acts or omissions (other than sole, active negligence) on the part of the City of Concord, its officers, agents, employees, or volunteers. In the event that the individual participating in the Activity is a minor, I certify that I am his/her parent or legal guardian and I give my permission for him/her to participate in the Activity. I understand my signature is a legal and binding signature and will be considered original if received by fax.

USE OF PARTICIPANT PHOTOGRAPHS

In addition to the forgoing, I give consent to Concord Community & Recreation Services or any other media agency to photograph me (or the minor on whose behalf I am signing this waiver), and to use such photographs in brochures, newspapers or other forms of media describing City of Concord activities.

Signature _____
 Date _____
 (check one)
 Self
 Parent
 Guardian

<input type="checkbox"/> Check payable to: Concord Community & Recreation Services		Amount \$
<input type="checkbox"/> <input type="checkbox"/> Visa or MasterCard #	Exp. Date Month/Day/Year / /	
Print name as it appears on card	Signature	