



Activity Registration Form

Is this your first time registering for a program? **Yes** (complete all sections and sign) **No** (if no, complete box 1 and sign)

1 Participant Information		Birthdate	Gender	Course #	Fee:
First & Last Name		mm/dd/yy	(circle) M / F		
			M / F		
			M / F		
			M / F		
				Total	

2 Primary Household Contact				M	F
Last Name	First Name		Gender (Circle)		
Address	Apt. #	City	Zip		
()	()		/ /		
Phone/Main	Cell	e-mail (required)		Birthdate (mm / dd / yy)	
	()				
Emergency Contact Name	Phone	Relationship			

3 Please answer the following optional questions:

- | | | |
|--|---|--|
| <p>Self-identify your race/ethnicity?</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> White Not Hispanic</p> <p><input type="checkbox"/> Two or more races</p> <p>_____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Decline to state</p> | <p>Check the primary language used in your household.</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Cantonese</p> <p><input type="checkbox"/> Filipino or Tagalog</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Mandarin</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Decline to state</p> | <p>How many people live in your household? _____</p> <p>Please check your annual household income group.</p> <p><input type="checkbox"/> \$0 - \$41,000</p> <p><input type="checkbox"/> \$41,001-\$62,000</p> <p><input type="checkbox"/> \$62,001-\$74,000</p> <p><input type="checkbox"/> \$74,001-\$95,000</p> <p><input type="checkbox"/> \$95,001-\$123,000</p> <p><input type="checkbox"/> \$123,001- \$148,000</p> <p><input type="checkbox"/> \$148,000 +</p> <p><input type="checkbox"/> Decline to state</p> |
|--|---|--|

Release of Liability:

In consideration for being permitted by the District to participate in the above-referenced activity, 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 the City of San Leandro (including its officers, employees, volunteers, 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 active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the City (including its elected and appointed officials, officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or be connected in any way with my participation in said activity.

ILLNESSES INCLUDING COVID-19 RELEASE: Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases (including COVID-19), illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

VIRTUAL CLASS RELEASE: I hereby warrant and agree, that the conditions of my environment are safe, free from obstructions, and are suitable for participation in the above-referenced activity. I further understand and agree that any material downloaded, viewed or otherwise obtained through my participation in said activity is done at my own risk and the City is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks and other property used as part of my participation.

PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during this activity and hereby grant the City permission to use any such photo(s) for advertising or in promotional materials.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my child, will be able to participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the City (including its elected and appointed officials, officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or be connected in any way with said minor's participation 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 CITY OF SAN LEANDRO AND I SIGN IT OF MY FREE WILL.

Signature: _____ Date: _____
Registrant's signature (Parent or guardian if under 18 years of age)

Payment Information

Amount enclosed: \$ _____

Check #: _____ Driver's License #: _____
(make checks payable to City of San Leandro)

Cash: (in person only)

Credit: (online at www.sanleandroec.org or in person only)

Your satisfaction is important to us!

If you are not satisfied with our program, please notify customer service prior to the second class meeting at 510-577-3462.

Some programs incur costs before the first day of the program and refunds will be minus those costs.

Exceptions: Refunds for cancellation of Aquatics programs and summer camps will only be offered up until 7 days prior to the first class