

REGISTRATION

Mitchell Park	329-2400	Children's Theatre	463-4930
Art Center	329-2366	Cubberley	329-2418
Lucie Stern	463-4900	Jr. Museum & Zoo	329-2111

Primary Adult Contact (Please Print)

Last Name:		First Name:		Phone #	
Address:		City:		Zip:	
				Email	

Course or Activity Session Information

COURSE CODE	PARTICIPANT'S LAST NAME	PARTICIPANT'S FIRST NAME	M/F	DATE OF BIRTH	GRADE	ACTIVITY NAME	ACTIVITY FEE

Fee Reduction Program: Only register if fee reduction is available Register at full rate once fee reduction limit has been reached.

We will not let a child under the age of 14 leave class by him/herself unless the parent/guardian checks the "yes" box below:

Please indicate if you grant your child permission to sign him/herself out.

YES, I permit my child _____ **to leave class by him/herself for every class meeting this quarter.**

NO, I do not permit my child _____ **to leave class by him/herself for every class meeting this quarter.**

Photo & Video Waiver for all classes and camps provided by the City of Palo Alto:

Photos and video footage may be used for publication including newsletters, press media, website, flyers, social media, and brochures of City of Palo Alto entities.

YES, I permit my child/children to be photographed and/or videotaped while in a City of Palo Alto class.

NO, I do not permit my child/children to be photographed and/or videotaped while in a City of Palo Alto class.

Create a New Account/ Make Changes:

Please visit www.cityofpaloalto.org/enjoyonline to create your new account or to make changes to existing Enjoy! accounts. For assistance, please call **650-463-4949**.

Payment Information Check Cash Charge Total Amount: \$ _____

Name on Card:

EXP & Last 4 digits CVV:

Seasonal Programming (all ages):

WITHDRAWAL POLICY*: Participants will have 24 hours after the first session to withdraw and receive a refund or credit. Withdrawals received after the 24 hour window will not receive a refund or credit. Late registrations will not receive a refund or credit. For all on-time withdrawal requests, the customer will have the option to receive the entire program fee as credit on their account, or pay a \$15 processing fee per class, per participant, for a refund to their credit card.

TRANSFERS*: Participants will have until the end of the first session to transfer to another program. Transfers are always subject to space availability and the customer is responsible for any additional program fees. Transfers for participants that enroll after the start date, a transfer may not be permitted.

CANCELLATIONS: Refunds for programs that have been canceled by the City are always 100% refundable.

*For Tennis withdrawal and transfer information, please see the next section.

Tennis & Workshops for Adult & Youth Programming:

WITHDRAWAL POLICY: Families will have 7 days prior to the start date of the program or workshop to withdraw and receive a refund or credit. Withdrawals received later than this will not receive a refund or credit. For all on-time withdrawal requests, the customer will have the option to receive the entire program or workshop fee credit on their account, or pay a \$15 processing fee per program, per participant, for a refund to their credit card.

TRANSFERS: Participants will have 7 days prior to the first day of the program or workshop to transfer to another program. Transfers are always subject to space availability and the customer is responsible for any additional program fees.

CANCELLATIONS: Refunds for programs or workshops that have been cancelled by the City are always 100% refundable.

WAIVER

WAIVER: All classes require the signature of each registering adult or parent or guardian of any minor(s).

I give permission to participate in the following programs, including any associated travel sponsored by the City of Palo Alto Community Services Department, for myself and/or child as named. In consideration for participation in the programs, I agree to the following: I understand that participating in the programs is a voluntary activity that I am choosing to participate in and is not required. I understand that there are inherent risks in participating in the programs which may be both foreseen and unforeseen and include illness, physical injury and death.

I understand that there is a coronavirus pandemic in effect, that the City will provide the programs in compliance with coronavirus. I understand that participants may be required to use safety gear consistent with such guidelines, including, without limitation, face coverings and hand sanitizer, and will be required to follow guidelines related to social distancing, possible exposure, quarantine, and other safety protocols. I understand that there are individuals who may be medically exempt from wearing a mask or face covering throughout the class. I agree that participants must be symptom free (no coughing or fever) in order to participate in the program. Additionally, I agree to ASSUME ALL RISKS of participating in the programs. I agree to DISCHARGE AND RELEASE (agreeing to make no claim and not to sue) and HOLD HARMLESS the City of Palo Alto, its employees, its agents, its independent contractors, and volunteers working for the City, from any and all liability for injury suffered by me or my child arising from or connected with these programs. I understand and agree that this ASSUMPTION OF THE RISK, DISCHARGE AND RELEASE, AND HOLD HARMLESS includes any claims relating to the actions, omissions, or negligence of the City, its employees, agents, independent contractors, and volunteers.

If participant’s family member or someone in close contact with the participant (outside of this program) tests positive for COVID-19, or if participant tests positive for COVID-19, I give permission for the City to notify other people in contact with the participant (including other program participants, staff, and volunteers) that they may have been exposed to COVID-19. In doing so, the City shall not identify the participant or their family by name except as required by government mandates.

I acknowledge that I have carefully read this liability waiver and understand the information herein, and that I agree to each of the terms and acknowledgments in this liability waiver.

Signature:	Second Registrant’s Signature: (if two adults using same form)
Print Name/ Date:	Print Name/ Date: