

**REGISTRATION FORM - After School Program**  
City of San Jose Department of Parks, Recreation & Neighborhood Services

**PRINT CLEARLY & COMPLETE ALL INFORMATION REQUESTED**

**Parent/Legal Guardian Information**

First Name \_\_\_\_\_ Last \_\_\_\_\_ Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email Address\* \_\_\_\_\_

Is this a new address? Y N Gender M F Birth date \_\_\_\_\_ School Child Attends \_\_\_\_\_

**Emergency Contact Information/Authorized Pickup List (For any additional please attach a separate page)**

First Name \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_ First Name \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Participant #	Participant FIRST Name	LAST Name	Age	Gender	Birth date	Course Number	Course Fees
#1				M F	/ /	.	.
#2				M F	/ /	.	.
#3				M F	/ /	.	.
#4				M F	/ /	.	.
<b>TOTAL FEES</b>							

**Payment Options (Check One)**

Option 1: Pay in Full

Option 2: 3 installments with Auto Pay (must have credit card on file)

Option 3: Monthly Auto Pay (must have credit card on file)

Option 4: \$125 for 10 Visits (excludes all KINDER students)

Check (payable to City of San Jose)  Cash  Credit Card:  Visa  Master Card  Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Name of Card Holder: \_\_\_\_\_ Signature \_\_\_\_\_

**MONTHLY AUTO PAY OPTION:** I authorize the City of San Jose to deduct a monthly charge to my credit card in the amount listed above. I agree to give 14 calendar days prior to my draft date, in writing, to the City of San Jose to cancel or make any changes to my credit card. I understand that if my credit card is declined or is rejected, a \$20.00 service charge will be applied to my account and after 2 declines I will lose monthly auto pay privileges and will be switched to payments of \$525 every three months. I also understand that if I do not cancel within 14 calendar days to my draft date, my account will be charged. I also authorize the City of San Jose to charge my credit card for any late pick-up charges which I may incur while participating in the Afterschool Program for the dates listed above.

⇒ **A. Cardholder Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Special Accommodations:** City of San Jose Department of Parks, Recreation and Neighborhood Services welcomes individuals with disabilities into programs. Please indicate participant, any medical problems, and describe any accommodations needed for successful inclusion in the program(s). (Allergies, food/medical environment, medical conditions, medications, etc.)  
Special Accommodations: \_\_\_\_\_

**Liability:** The Applicant has read the PRNS policies and procedures set forth within in consideration of the application to participate in classes/programs at a City facility or in a City sponsored class/program. Applicant agrees to defend, indemnify and hold harmless City, its officers, agents and employees (collectively referred to hereinafter as "City") from and against any and all claims, demands, causes of action, or liabilities incurred by City arising, in whole or in part, directly or indirectly, from Applicant's acts or omissions in connection with participation in the classes and programs described above, except as may arise from the gross negligence or willful misconduct of City. In any action or claim against City in which Applicant is defending City, the City shall have the right to approve legal counsel providing City's defense and such approval shall not be unreasonably withheld. Applicant further agrees to release City from any and all claims for any damages, including property damage, injury or death occurring or arising out of use of City's property, except as may be caused by the City's gross negligence or willful misconduct. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.

⇒ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photo Release:** I understand the City of San Jose may photograph or videotape the events or activities in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child), for the purpose of promoting the City of San Jose and its services/programs or for educational purposes. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness. Permission is not required to participate in City events.

⇒ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_