

**CLASS REGISTRATION FORM**

Participant/ Parent/ Legal Guardian Last Name		Participant/ Parent/ Legal Guardian First Name		Age
Address		City	Zip	Sex (Circle one) F M
Special Assistance/ Equipment Needed? Yes / No If yes, please explain.		Day Phone (Before 5 p.m.) ( )		Evening Phone (After 5 p.m.) ( )

**PLEASE FILL OUT A SEPARATE REGISTRATION FORM FOR EACH CLASS**

Participant First Name	Participant Last Name	Age	Sex	Class Name	Class Code	Class Fee

In consideration of your accepting my entry into the above stated activity, I do hereby assume all of the risks and hazards incidental to the conduct of said activity insofar as it relates to my participation. I hereby release, absolve, indemnify and hold harmless the City of San Fernando, the San Fernando Recreation and Community Services Department, Department employees, activity leaders and any or all of them from any damage and/ or liability arising out of or in connection with my participation in said activity. In the event of accident, injury or illness of the above named participant, consent is hereby given to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the Medical Staff or employed by Holy Cross Hospital. I also give my permission for any necessary medical treatment. I realize that any medical bills will be my responsibility.

**List any conditions which should be known by physician administering treatment:**

(Write "NONE" if there are no conditions)

**I have read and agree to all conditions mentioned above.**

X \_\_\_\_\_ X \_\_\_\_\_  
 Printed Name of Participant/ Parent/ Legal Guardian      Signature of Participant/ Parent/ Legal guardian Date

**FOR OFFICE USE ONLY**

DATE	RECEIPT #	SESSION	CARD #	DATE	RECEIPT #	SESSION	CARD #
		J F M A M J J A S O N D				J F M A M J J A S O N D	
		J F M A M J J A S O N D				J F M A M J J A S O N D	
		J F M A M J J A S O N D				J F M A M J J A S O N D	

**-WALK-IN REGISTRATION**

**Hours:** Monday – Friday  
8 AM to 5 PM

**Location:** Administrative Office  
208 Park Avenue  
San Fernando  
(818) 898-1290

**-MAIL-IN REGISTRATION**

Make Checks Payable to: City of San Fernando

Mail To: San Fernando Rec. & Com. Services  
208 Park Aveue  
San Fernando, Calif. 91340-3009  
att.- Class Registration  
(Send a self-addressed stamped envelope with your completed registration form to receive your receipt.)