

City of South Gate Parks & Recreation Department Registration Form



Participants Name:			Phone #:		
Parent's Names: <i>(if participant is a minor)</i>				E-Mail	
Address:				Date of Birth:	
City:		State:	Zip:	Gender:	
Start Date	Program	Course #	Day and Time	Session	Fee
Total					

MAKE CHECKS PAYABLE TO: CITY OF SOUTH GATE

MAIL PAYMENT AND REGISTRATION FORM TO: CITY OF SOUTH GATE, PARKS & RECREATION DEPARTMENT,
CLASS REGISTRATION 4900 SOUTHERN AVENUE, SOUTH GATE, CA 90280

REFUND POLICIES:

- A program may be canceled in the event minimum registration is not met by the specified deadline or 48 hours prior to the program.
- A full refund will be issued only in the event that a program is canceled by the Parks and Recreation Department.
- Refunds requested prior to the first day of class will be subject to a \$10 processing fee.
- No refunds will be issued after the first day of class. Refunds will be issued by check and will be mailed within 4 – 6 weeks.
- No cash refunds.

The undersigned agrees to defend, indemnify, and hold harmless the City of South Gate and its officers, employees, and agents from and against any and all loss, liability charges and expenses including attorney's fees and costs which may arise by reason of my participation or the participation of a minor child in my legal custody in any programs or activities of the City of South Gate. The City does not provide accident, medical, liability, workers' compensation insurance or any other insurance for program participants. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I understand that participation in the any recreational program or activity may include a risk of injury and I assume full responsibility for my behavior and safety and/or the behavior and safety of my child and give my permission for their participation. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. I agree to comply with all rules, instructions and directions provided by the staff and will ensure that my child complies with all rules, instructions and directions. I understand the City retains the right to use photos taken during activities for publicity purposes.

Adult/Parent _____ Date _____
(Signature required to process registration)

Please list any medical conditions staff should be aware of: _____