

# Registration Form (Please Print)

City of Menlo Park  
Community Services Department

650.330.2200

FAX 650.324.1721 OR 650.327.7046



Participant's Name: \_\_\_\_\_ How did you hear about this class? \_\_\_\_\_  
 New Address Home Phone: (    ) \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ Would you like to receive Community Services Department information via email?    Yes    No  
 E-mail: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: (    ) \_\_\_\_\_

Registration #	First Name	Birth Date	Class Name, Date, Time	Class Fee*	Alternative Reg.#

**RESIDENT FEES:** To qualify, you must submit a copy of your utility bill or Driver's license showing your current address within incorporated Menlo Park (P.O.Box is not acceptable).

**Total** \_\_\_\_\_

**PAYMENT METHOD: (Select one)**    **Check**    **Visa**    **Master Card**

<p><b>CHECK</b>  <b>MAIL TO:</b>          Community Services Department          701 Laurel Street, Menlo Park, CA          Make check Payable to:          City of Menlo Park  <b>\$15 charge for returned checks</b>  <b>WALK-IN</b> Rec. Center, 700 Alma St.</p>	<p><b>CREDIT CARD</b>          Expiration Date: _____          Account #: _____          Account Holder Name: _____          I agree to pay the above charges. I authorize the City of Menlo Park to charge these costs to my credit card.          Authorized Signature: _____</p>	<p><b>FAX 650.324.1721 OR 650.327.7046</b>  <b>MAIL-IN / WALK-IN; "See address"</b></p>
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**Refund and Transfer Policies:**

If you cannot attend an activity or find the class not meeting your expectations, it is possible to request either a transfer or a refund. Your request will be prorated and assessed as follows: If you choose to transfer, we will apply the prorated amount of your enrollment fee to any other course within that session. If you prefer to receive a refund, a \$15.00 processing fee will be deducted from the prorated fee based on the date of the request, unless otherwise noted in our publication. All refund or transfer requests for classes with material fees or with two or fewer class meetings must be received one week prior to the class starting date. If the course is cancelled you will receive a full refund or you can request to transfer to another class.

I, the undersigned parent, guardian, or participant do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity (ties) and I further agree to indemnify the Community Services Department, the City, its employees and officers harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual(s) arising out of or in any way connected with the participation in this activity. I further agree to permit the use of event / activity photography and/or video media production, which may include images of myself or individuals above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have any special needs that require specific accommodations so you can fully enjoy one of our classes or facilities?

Official Use Only

Receipt Number:	Date:	Residency Verified:	Processed by:
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