

# REGISTRATION Form

City of Los Altos Recreation & Community Services • 97 Hillview Avenue, Los Altos, CA 94022

## Head of Household Information *(Please Print)*

_____	Home Phone _____
Last Name _____	First Name _____
E-mail Address _____	Cell Phone _____
Home Address _____	City _____ Zip _____
Emergency Contact _____	Emergency Contact Phone _____

**READ & SIGN BELOW:** Through this registration form, I hereby absolve the City of Los Altos, its employees & officers from all liability which may arise as the result of my participation in the activities listed below, and in the event that the below-named participant is a minor.

I hereby give my permission for his/her participation as indicated & in so doing absolve the City of Los Altos, its employees & officers from such liability. In addition, I agree to allow use of my/our photograph for program publicity. I have read & understand the City of Los Altos Recreation & Community Services Department refund policy. Furthermore, reservation of a place in a class or program does not constitute any form of guarantee by the City of Los Altos that the class or program will take place. The City of Los Altos reserves the right to cancel any program or class at any time for any reason, at its sole discretion. Money paid in advance for any class or program that is canceled by the City of Los Altos will be refunded in full.

**REFUNDS & TRANSFERS** Refund and transfer requests must be submitted in writing up to the day prior to the second class meeting. All refunds will be charged a \$20 service fee. Email your refund and transfer request to [info@losaltosrecreation.org](mailto:info@losaltosrecreation.org). No refunds or transfers will be given after the day prior to the second class meeting.

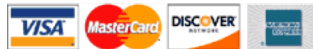
\_\_\_\_\_  
PARTICIPANT SIGNATURE (Parent or Guardian if under 18) Date \_\_\_\_\_

**If you have any special needs requiring specific accommodations for you to fully enjoy a class or facility, please contact us at [info@losaltosrecreation.org](mailto:info@losaltosrecreation.org)**

PARTICIPANT NAME (First & Last)	BIRTHDATE	M/F	CLASS CODE	CLASS TITLE	FEE

**TOTAL DUE:** \_\_\_\_\_

### CREDIT CARD PAYMENT (check one)



Visa    MasterCard    Discover    American Express

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

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

### PAYMENT OPTIONS:

- Checks made payable to City of Los Altos
- Visa, MasterCard, Discover or American Express credit cards
- Cash payments must be made in person; please do not mail cash

### REGISTRATION FORM RETURN OPTIONS:

- Email form to [info@losaltosrecreation.org](mailto:info@losaltosrecreation.org)
- Mail form to 97 Hillview Ave, Los Altos, CA 94022
- Fax form to 947-2738
- Walk in to the Recreation Office at 97 Hillview Ave, Los Altos