

Sebastopol Community Center Registration Form

390 Morris Street, Sebastopol CA 95472 Phone: 707-823-1511 Fax: 823-2549

Parent's First & Last Name (if for minor)

Address City State Zip

Home Phone Work Phone Date

Emergency Contact Phone

Activity #	Participant's Name	Age	Gender	Classes or Camps	Fee
VISA/MasterCard Account #:				Service Charge	
Expiration Date: Month/Year:		V-Code:			
Cardholder's Signature:				Total Paid	\$

<p style="text-align: center;">Liability Release</p> <p>The undersigned in consideration of participation in this activity agrees to indemnify and hold the Sebastopol Community Center (SCC) and the City of Sebastopol harmless and release SCC and the City of Sebastopol, its officers, employees, and agents from any and all liability for any injury arising out of the activity. I understand that the SCC does not provide medical insurance. I have read the above application and agreement, and fully understand that I assume all risk for any injuries received.</p> <p>Signature: _____ Date: _____</p> <p>Parental Consent (Complete if applicant is under the age of 19) I give consent for my son/daughter to participate in the above activity and I execute the above liability release on his/her behalf. I also agree to be financially responsible for any damage my child may willfully cause during this activity.</p> <p>Signature: _____ Date: _____</p>	<p style="text-align: center;">Medical Release for Minors</p> <p>As the parent or legal guardian, I hereby give consent to the Sebastopol Community Center to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or dentists (D.D.S) for:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Please print the name of participant</p> <p>This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.</p> <p style="text-align: center;">My Child has these allergies:</p> <p style="text-align: center;">_____</p> <p>Signature: _____ Date: _____</p> <p>Refund Information: Full Refunds will be issued if the request is received at least 7 days prior to the starting date of the class. No Refunds will be issued if request is made after the starting date of the class.</p>
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Make Checks payable to: Sebastopol Community Center (SCC) and mail to: P. O. Box 2028, Sebastopol CA 95473