

## 2024-2025 After the Bell Program Registration Form (One Child Per Form)

Participant's First Name: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home: (\_\_\_\_) \_\_\_\_\_ Child's Age/Grade: \_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
(mother/guardian)  
Father's Name: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
(father/guardian)  
Email Address: \_\_\_\_\_ Monthly newsletters and important updates will be emailed.

### Class Registration Information

School Site: ☐ Burnett ☐ Pomeroy ☐ Weller  
☐ Curtner (Interest list only. For more information visit [www.milpitas.gov/724/After-The-Bell](http://www.milpitas.gov/724/After-The-Bell))  
☐ Sal Cracolice Recreation Facility (For more information visit [www.milpitas.gov/724/After-The-Bell](http://www.milpitas.gov/724/After-The-Bell))

Total Fees Enclosed: \$ \_\_\_\_\_ ☐ Credit Card ☐ Cash ☐ Check

Credit Card Information: Type of Card: MasterCard AMEX DISC VISA Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp (M/Y): \_\_\_\_/\_\_\_\_ Signature Authorizing Use: \_\_\_\_\_

I understand that if I do not make payment in person at the Milpitas Community Center or Milpitas Sports Center by 9/1/24, 12/1/24 and 3/1/25, my credit card **that I used when signing up for the program** will automatically be charged on these same dates at midnight. I further understand that I must keep my credit card information on file and current for the duration of the program. **If I wish to change my credit card that will be charged for the automatic payments, I will update my credit card information with my account in Active three (3) business days before the payment date. Any fees assessed by my financial institution are my sole responsibility.**

Photo/Video Release: I agree to allow the use of my/my children(s) photograph and/or video for program publicity. ☐ Yes ☐ No

Does your child have permission to walk home from the program each day? ☐ Yes ☐ No If yes, what is the earliest time your child may leave the program? \_\_\_\_\_

Does the participant require any special accommodations to participate in this activity? If yes, a staff person will contact you. The Recreation Services Inclusion Policy can be found on our website, [www.milpitas.ca.gov](http://www.milpitas.ca.gov) ☐ Yes ☐ No

Does the participant have any known medical conditions or allergies? ☐ Yes ☐ No If yes, please list \_\_\_\_\_

### DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND

I, \_\_\_\_\_ declare that I am the parent/legal guardian of \_\_\_\_\_. I, the undersigned, de hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Milpitas harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. The undersigned further authorizes the administration of any first aid steps that may be deemed necessary by qualified personnel. I also agree, as a participant of any paid or free event, class, activity, or program, to grant full permission to the City of Milpitas to use my name and any photographs, videography, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information is true and accurate. I have read, understand and agree to all of the policies of Milpitas Recreation & Community Services' in regards to Refund/Cancellations, Transfers, Late Pick-Ups, Camp and Workshop Refunds/Transfers, Code of Conduct and Discipline Plan, and Class Cancellations and Wait Lists listed in the current Activity Guide, and/or on the back of this form. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSER A CLAIM AGAINST THE CITY OF MILPITAS FOR NEGLIGENCE.

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

Print Name: \_\_\_\_\_ ☐ Parent ☐ Legal Guardian

#### OFFICE USE ONLY

Date Rec'd

Staff

Resident

Non-Resident

Rct. #