

REGISTRATION FORM

Please PRINT all information.
Incomplete forms will not be processed.



Recreation and
Community Services

INFORMATION OF PARTICIPANT(S)

LAST Name Only:		
Address:	City:	Zip:
Home Phone: ()	Day Phone: ()	
Emergency Contact:	Relationship:	Phone: ()
Name of Medical Provider (if applicable):		
Present Physician/Location (if applicable):		
Known Medical Conditions/Allergies:		
To have a receipt emailed, please provide your email address:		
Does the participant(s) require any special accommodations to participate in these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a Recreation Services staff person will contact you.		
I have read the City of Milpitas Recreation and Community Services Department Refund/Cancellations, Transfers, Waiting Lists, Photo/Video Release, COVID-19 risk & liability waiver, and agree to all the terms. _____ Initial		

LIST ALL PARTICIPANTS BELOW

First & Last Name	Birthdate	Gender	Activity #	Activity Name	Program Fee
					\$
					\$
					\$
					\$
					\$
					\$
				Processing Fee:	\$
				Total Here:	\$

CREDIT CARD PAYMENT

I authorize the use of my credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISC	
Name as it appears on card:	
Card #:	CVC#:
Expiration Date (Month/Year):	
Signature:	Date:

PAYMENT BY CHECK

Please make check for first choice class(es).
Make check payable to: "City of Milpitas"
Mail to: Class Registration
457 E. Calaveras Blvd.
Milpitas, CA 95035

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, do 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 grant full permission to the City of Milpitas to use the name and any photographs, video graphs, motion pictures or recordings of the individuals named herein for any publicity and promotion purposes without obligation of 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 and Community Services in regards to Refund/Cancellations, Transfers, Late Pick-Ups, Camp, and Workshop Refunds/Transfers, Code of Conduct and Discipline Plan, Class Cancellations and Wait Lists listed in the current Activity Guide, on the website 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 RIGHTS THAT I MAY HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST THE CITY OF MILPITAS FOR NEGLIGENCE ON BEHALF OF MYSELF AND THE INDIVIDUALS NAMED HEREIN.

Signature(s) _____ Date _____

Print Name(s) _____ Participants Parent Legal Guardian

**CITY OF MILPITAS
RECREATION AND COMMUNITY SERVICES DEPARTMENT
REFUND/CANCELLATIONS, TRANSFERS, WAITING LIST, PHOTO/VIDEO RELEASE, COVID-19 RISK & LIABILITY WAIVER**

Refund/Cancellations

In order to receive a refund check, you must submit the Transfer/Refund Request Form to the office ten calendar days prior to the first Class/Camps. "Class" shall mean all of the meetings for each separate activity per session.

- A \$10 service charge is withheld from each Class/Camps you are requesting a refund for. Material fees are non-refundable if you cancel/transfer out of the class.
- Please Note: If your class payment was made with a credit card, refunds cannot be credited back to the credit card.
- All transaction fees are non-refundable.
- Should a Class not meet its minimum number of students within three days of starting, it will be cancelled, and a full refund is issued.

Transfers

Transferring from one Class to another Class is permitted with a \$10 processing fee, as long as the office is notified with a Transfer/Refund Request Form seven calendar days prior to a Class starting.

Waiting Lists

Being placed on the waiting list does not guarantee enrollment in the Class.

COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have prohibited or advised against the congregation of groups of people. The undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including several cases in Santa Clara County, California. The City of Milpitas Recreation and Community Services Department (the "CITY") has created protocols and put in place preventative measures to reduce the spread of COVID-19; however, the CITY cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase you or your child(ren)'s risk of contracting COVID-19.

In consideration for me and/or my child(ren) being permitted to utilize the CITY's facilities, services, programs, activities, or events("Activities"), including sponsored child care services, observation or use of facilities or equipment, or participation in any off-site program affiliated with the CITY, I as the undersigned, on behalf of myself and my participating children and any personal representatives, heirs, and next of kin hereby acknowledge, agree and represent that I understand the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending CITY Activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at CITY Activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CITY employees, volunteers, and Activity participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at CITY Activities. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the CITY, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of CITY, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any CITY Activities.

I confirm that neither I, nor my children or members of my household have any of the symptoms that are representative of COVID-19 or displayed any such symptoms within the previous 14 days. I confirm that neither I, nor my children or members of my household have traveled outside of the United States during the last 14 days. I hereby agree, represent, and warrant that neither I nor my participating child(ren) shall visit or utilize CITY Activities (other than any exclusively online services) within 14 days after returning from countries highly impacted by COVID-19. I hereby agree, represent, and warrant that neither I nor my participating child(ren) shall visit or utilize CITY Activities if any one of us (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath; (ii) has a suspected or diagnosed/confirmed case of COVID-19; or (iii) comes into contact with an individual who has a suspected or diagnosed/confirmed case of COVID-19 within the previous 14 days. I agree to notify the CITY immediately if any of the foregoing occur during my and/or my child(ren)'s participation in CITY Activities.

I understand and agree that CITY staff may conduct temperature checks on me/my child(ren) before (i.e., at drop-off) and during participation in CITY Activities as a required condition of participation in the CITY Activities. CITY staff may send me/my child(ren) home if I/my child(ren) shows symptoms of COVID-19 for the health and safety of other participants/participating child(ren). I hereby agree and understand that temperature checks in no way guarantee that I/my child will not become COVID-19 positive, but nevertheless consent to such temperature checks in order to participate in the CITY Activities. I agree to comply with CITY's protocols and preventative measures to reduce the spread of COVID-19. I acknowledge and agree that, in regards to CITY-sponsored child care offered, social distancing of 6 feet per person among children and their caregivers may not be possible at all times.

I fully understand that under the orders of the State, County and/or due to local conditions, CITY Activities may be cancelled with less than a 24 hour notice, as a matter of public health and safety.

Virtual Programs

Participant(s) of virtual recreation classes acknowledge they are responsible for ensuring their environment is safe/free from obstructions and that any use of third-party applications (e.g., Zoom, Instagram, etc.) is at their own expense and security risk.

Photo/Video Release

I grant full permission to the CITY to use any video photography, film photography, or other reproduction of the likeness of me and/or my participating child(ren) engaging in CITY Activities, for any publicity and promotional purposes, including in CITY publications like its flyers, videos, or on its website. I understand that I will receive no payment for the CITY's use of such photography. I also hereby waive and release the CITY, its officers, employees and agents from any and all personal injury, property damage, and any other claims, liabilities and damages and royalties that I might have due to such photographs taken of me and/or my child(ren) and used by the CITY.