

CITY OF SAN MARINO - REGISTRATION FORM

RECREATION DEPT. 2200 HUNTINGTON DRIVE, SAN MARINO, CA 91108-2639

Last Name (Parent/Adult)	First	MI
Street Address		
Email Address		
City	Zip Code	
Home Telephone ()	Cell Telephone ()	Work Telephone/Emergency ()

Participant's Name	First	Birthdate	Sex	Class #	Class Name	Fee

Release of Liability:

I absolve and agree to hold harmless the City of San Marino, its employees, officers or agents from any liability which may result from my participation or that of any minor in my legal custody in the above activity. I give permission for his/her participation in the above activity, and for any necessary emergency medical treatment.

Subtotal:	\$
\$25.00 Non-resident fee:	\$
Total Amount Paid:	\$

THANK YOU!

Cash
 Check

Signature of Release of Liability _____ Date _____



Treatment

Occasionally, we use photographs of recreation participants for promotional purposes in City-related media, which means that you could be our next superstar! By signing up for class or activity, you are granting the City of San Marino permission to use your and/or your child's photograph of likeness, or that of a pet or personal property. If this is *not* acceptable to you, please indicate so by placing your initials in the box to the right.