



RECREATION PROGRAM REGISTRATION FORM

City of Cotati

201 West Sierra Avenue, Cotati, CA 94931

(707) 792-4600 Fax: (707) 795-7067; www.cotaticity.org

Adult or Parent/Guardian Name _____ Date of Birth _____

Address _____ City _____ Zip _____

E-Mail _____ Cell Phone _____ Work Phone _____

Emergency Contact Name _____ Phone _____

Please check if you have changed your address from last registration.

To assure our programs benefit all who attend, please indicate below if you have any disabilities requiring special accommodations.

Participant Name	Name of Class/Activity and Month	Date of Birth	Gender	Class Day/Time	Fee
					\$
					\$
					\$
					\$
If you wish to make a donation to our recreation program scholarship fund, please add your \$1, \$5, \$10 donation here:					\$
TOTAL:					\$

City of Cotati
201 West Sierra Avenue
Cotati, CA 94931

Mail registration form and attach payment.
Please make checks payable to City of Cotati. To pay by Visa or Master Card, please pre-register during office hours or call (707) 792-4600.

Check # _____ Cash _____

REFUND POLICY

When a customer withdraws from a class the following charges will apply to the refund:

More than 5 working days prior to the program start	No charge
5 or less working days prior to the program start	\$10 Administrative Fee
After the start of the program	Pro-rated for future, unused portion of program or activity

*Refunds will not be given after an activity has ended, regardless of attendance. If an activity is cancelled, a refund will be issued for the unused portion of the activity.

AGREEMENT, WAIVER, AND RELEASE - This must be signed before beginning any activity.

The undersigned, on behalf of himself/herself and on behalf of any minor child enrolled in the program by the undersigned in his/her capacity as parent/guardian, in consideration of participation in this program agrees to indemnify and hold the City of Cotati, its officials, employees, contract instructors, and program co-sponsors free and harmless, and release the City of Cotati from any and all liability claims, and necessary costs and expenses for any loss/damage to property, injury, or death from any cause whatsoever regardless of negligence, which may be suffered by the above-named individual registered in this program, arising out of, or in any way connected with participation in this program and/or use of the premises. I further authorize qualified physicians to render emergency medical treatment or care if they deem necessary for the participant because of illness or accident which occurs during the course of any of the above-described activity(ies), class(es), or event(s). I understand that photographs taken of recreation programs may be used by the City of Cotati for promoting our programs, classes or events and I agree to the use of my/our photographs for such purposes.

Participant/Parent/Guardian Signature _____ Date _____

Check us out online at www.cotaticity.org