

Registration Form



Please fill out the form below and mail with your payment to:
MAILING ADDRESS: Veterans Memorial Recreation Center
 567 El Camino Real
 San Bruno, CA 94066
 650-616-7180 (phone)
 650-583-2545 (fax)

PHYSICAL ADDRESS:
 251 City Park Way
 San Bruno, CA 94066

Payer Name: _____

Address: _____

Day Phone: _____ Cell Phone: _____ Emergency: _____

Email Address: _____

Receive your receipt by email and be included in our regular email updates.

Participant's Full Name	Grade	Gender M/F	Birthdate	Code Number 1 st Choice	Code Number 2 nd Choice	Activity Name	Program Fee

____ Yes, I have added \$_____ to support the Youth Recreation Scholarship Program. \$

Total Fees \$

Liability Release: In consideration of my application for the above activity, I hereby waive, release, and discharge any and all claims for damage for death, personal injury or property damage, which I may have, or which may hereafter occur to me, as the result of participation in said event or activity. This release is intended to discharge in advance the City of San Bruno, its officers, employees, agents or volunteers from liability, even though that liability may arise out of negligence or carelessness on the part of persons or entities listed above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing these risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. In the interest of the safety and well being of all participants we reserve the right to deny service to any participant. By signing this release, I agree to the use of my name and/or photo for City publicity. The city is not responsible for lost or stolen items.

Signature _____ Date _____

It's Easy! You can even use your credit card!

____ Visa ____ M/C

Card Number _____

Exp. Date _____

3 Digit Verification Code _____

I authorize the above charges.

Cardholder's Name (Printed) _____

Signature _____

Parental Consent: (To be completed if applicant is under 18 years of age): I give my consent for my son/daughter _____ to participate in the above activity and I execute the above liability release on his/her behalf. I have read and understood the foregoing registration form, liability release form, and parental consent form, and agree to all their terms and conditions.