

# Registration Form



Please fill out the form below and mail with your payment to Veterans Memorial Recreation Center.

MAILING ADDRESS:  
567 El Camino Real  
San Bruno, CA 94066

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	Activity Name	Program Fee

\_\_\_ Yes, I have added \$ \_\_\_ to support the Youth Enhancement Scholarship Program.

\$	
\$	

**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, The San Bruno School District, 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, (including risk of exposure to COVID-19 or other communicable diseases) 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. To the extent I and/or my child are participants of virtual recreation classes, I acknowledge I am responsible for ensuring my child's and/or my environment is safe/free from obstructions and that any use of third-party applications (Zoom, Microsoft Teams, etc.) is done at your own risk. I have reviewed the orders of the San Mateo County Health Officer and my need for and use of child care complies with the order(s) now in effect. I understand that relevant orders may change and that the City may need to alter its programs to comply with such orders. In the interest of the safety and well-being of all participants we reserve the right to deny service to any participant. The City is not responsible for lost or stolen items. ***By signing this release, I agree to the use of my name and/or photo for City publicity.***

By checking this box, I **do not** agree to the use of my name and/or photo for City Publicity.

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

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