

REGISTRATION FORM:

CITY OF SAN JOSÉ PARKS, RECREATION & NEIGHBORHOOD SERVICES

SAN JOSE
PARKS, RECREATION &
NEIGHBORHOOD SERVICES
Building Community Through Fun



Parent/Legal Guardian Information:

First Name: Last:
Birthdate: / / Address:
Apt#: City: Zip: New Address: Y N
Home Phone: Cell Phone:
Email:
Emergency Contact Name:
Relationship: Phone Number:

Gender Preference:

Male Non-Binary Transgender
 Female Gender Non-Conforming Other: _____

Race/Ethnicity (Choose all that apply):

Black/African Descent Middle Eastern American Indian/Alaskan Native
 Hispanic/Latino Southeast Asian (e.g., Thai, Cambodian) Native Hawaiian/Other Pacific Islander
 Caucasian/White South Asian (e.g., Indian, Pakistani) Decline to state
 Vietnamese East Asian (e.g., Japanese, Chinese, Korean) Other: _____
 Filipino Native American

Preferred Spoken Language:

English Vietnamese Mandarin Decline to state
 Spanish Tagalog Cantonese Other: _____

Participant Information: (1)

First Name: Birthdate: / /
Last:
Activity Name: Course #:
Activity Name: Course #:
Activity Name: Course #:

Gender Preference:

Male Non-Binary Transgender
 Female Gender Non-Conforming Other: _____

Race/Ethnicity (Choose all that apply):

Black/African Descent Middle Eastern American Indian/Alaskan Native
 Hispanic/Latino Southeast Asian (e.g., Thai, Cambodian) Native Hawaiian/Other Pacific Islander
 Caucasian/White South Asian (e.g., Indian, Pakistani) Decline to state
 Vietnamese East Asian (e.g., Japanese, Chinese, Korean) Other: _____
 Filipino Native American

Preferred Spoken Language:

English Vietnamese Mandarin Decline to state
 Spanish Tagalog Cantonese Other: _____



CONTINUE ON THE BACK

Participant Information: (2)

| | | | | | |
|----------------|----------------------|------------|----------------------|----------------------|----------------------|
| First Name: | <input type="text"/> | Birthdate: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last: | <input type="text"/> | | | | |
| Activity Name: | <input type="text"/> | Course #: | <input type="text"/> | | |
| Activity Name: | <input type="text"/> | Course #: | <input type="text"/> | | |
| Activity Name: | <input type="text"/> | Course #: | <input type="text"/> | | |

Gender Preference:

| | | |
|---------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Female | <input type="checkbox"/> Gender Non-Conforming | <input type="checkbox"/> Other: _____ |

Race/Ethnicity (Choose all that apply):

| | | |
|--|---|---|
| <input type="checkbox"/> Black/African Descent | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Southeast Asian (e.g., Thai, Cambodian) | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> South Asian (e.g., Indian, Pakistani) | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> East Asian (e.g., Japanese, Chinese, Korean) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Native American | |

Preferred Spoken Language:

| | | | |
|----------------------------------|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Other: _____ |

Special Accommodations:

The City of San José Department of Parks, Recreation and Neighborhood Services welcomes individuals with disabilities into programs. Please indicate any medical or behavioral concerns, and describe any accommodations needed for successful inclusion in the program(s). (Allergies, behavioral support food/medicine/environment, medical conditions, medications, etc.)

Name:

Special Accommodations:

Payment Type:

| | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Check - payable to City of San Jose | <input type="checkbox"/> Credit Card | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Visa | <input type="checkbox"/> Discover |

Credit Card Number: _____ Expiration Date: ____/____/____
CVV _____ Signature: _____

Liability Waiver

The Applicant has read the PRNS policies and procedures set forth within in consideration of the application to participate in classes/programs at a City facility or in a City sponsored class/program. Applicant agrees to defend, indemnify and hold harmless City, its officers, agents and employees (collectively referred to hereinafter as "City") from and against any and all claims, demands, causes of action, or liabilities incurred by City arising, in whole or in part, directly or indirectly, from Applicant's acts or omissions in connection with participation in the classes and programs described above, except as may arise from the gross negligence or willful misconduct of City. In any action or claim against City in which Applicant is defending City, the City shall have the right to approve legal counsel providing City's defense and such approval shall not be unreasonably withheld. Applicant further agrees to release City from any and all claims for any damages, including property damage, injury or death occurring or arising out of use of City's property, except as may be caused by the City's gross negligence or willful misconduct. I understand and acknowledge that if participating in a program listed in CA Health and Safe code 124235, the enrolled participant is subject to concussion protocol as outline in CA Health & Safety124235 which includes "return to Play" procedures. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.

Signature: _____ Date: _____

Photo Release

I understand that City of San Jose may photography or video tale the events or activities in which I am (or my child is participating in. I give my permission for the City to use photographs or videotapes for me (or my child) for the purpose of promoting the City of San Jose and its services or for education purpose. I give my permission with the following understand: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness. Permission is not required to participate in City events.

Signature: _____ Date: _____