

# REGISTRATION FORM

## HOW AND WHEN TO REGISTER

**Online** at [www.DublinRecGuide.com](http://www.DublinRecGuide.com) • **In Person • Mail-in**  
Shannon Community Center, 11600 Shannon Avenue, Dublin, 94568  
Senior Programs: Dublin Senior Center, 7600 Amador Valley Boulevard, Dublin, 94568

### Fall/Winter 2018-19 Classes & Activities

**Residents:** Tuesday, July 31 at 8 AM

**Non-Residents:** Tuesday, August 14 at 8 AM

### Preschool: 2018-19, Session II

**Priority:** Thursday, October 11 at 8 AM

**Residents:** Thursday, November 8 at 8 AM

**Non-Residents:** Thursday, November 15 at 8 AM

### After-School Recreation/Student Union: 2018-19, Session II

**Priority:** Tuesday, October 9 at 8 AM

**Residents:** Tuesday, October 23 at 8 AM

**Non-Residents:** Tuesday, October 30 at 8 AM

### Senior Center Programs

Registration for Senior Programs is on-going

**Note: Registrations received prior to these dates are not given priority. Call (925) 556-4500 for more information.**

## No Phone or Faxed Registrations Accepted

- Full payment is due at the time of registration. Checks are payable to the "CITY OF DUBLIN." MasterCard, Visa, Discover and American Express credit cards are accepted.
- Only check payments can be submitted with mail-in registrations. Credit Card payments must be made in person or online at [www.DublinRecGuide.com](http://www.DublinRecGuide.com).
- For mail-in registrations, confirmations will be sent to the email address on the registration form.
- If you do not already have an online account with us, please call (925) 556-4500 to set up a free account, or set up an account at [www.DublinRecGuide.com](http://www.DublinRecGuide.com).

## Activity Withdrawals and Refunds

E-mail [parksandcommunityservices@dublin.ca.gov](mailto:parksandcommunityservices@dublin.ca.gov) to request withdrawal from an activity:

- If the withdrawal is requested up to four (4) business days prior to the activity start date, the full registration fee will be refunded, minus a \$5 processing fee. Refunds are issued in the same manner as the original form of payment. Please call (925) 556-4500, or email [parksandcommunityservices@dublin.ca.gov](mailto:parksandcommunityservices@dublin.ca.gov). Refunds can take up to 30 days, and are subject to a \$5 processing fee.
- If the withdrawal is requested less than four (4) business days before the activity start date, the activity fee will be forfeited and no refund will be issued.

## PARENT/MAIN CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Evening Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work/Daytime Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Special Needs:** If you or your child has special needs related to this program or activity, please check this box.

PARTICIPANT'S NAME	BIRTHDATE	M/F	ACTIVITY TITLE	ACTIVITY #	2 <sup>ND</sup> CHOICE	FEE
						\$
						\$
						\$
						\$
<p>The City of Dublin's Youth Fee Assistance and Senior Fee Assistance programs provide financial assistance to eligible Dublin youth and seniors to participate in City-sponsored recreation programs. These programs allow participants to enjoy quality recreational experiences that may not be possible without financial assistance. Would you like to donate to either of these programs?</p> <p><input type="checkbox"/> Yes—Please indicate the amount you would like to donate. Thank you for your support! <input type="checkbox"/> Youth Fee Assistance <input type="checkbox"/> Senior Fee Assistance</p> <p><input type="checkbox"/> No thanks.</p>						\$
<b>TOTAL FEES DUE:</b>						\$

I understand that photographs may be taken of me or my child during the course of said activity, and that these photographs may be used in the City of Dublin's publications.

**PLEASE CAREFULLY READ THE FOLLOWING PARAGRAPH. AMONG OTHER THINGS, IT LIMITS YOUR RIGHT TO SUE SHOULD YOU OR YOUR CHILD BE INJURED WHILE PARTICIPATING IN A CITY PROGRAM.**

**Waiver and Release:** I specifically acknowledge that City recreation programs may include physical activity that can result in injury to participants, and I agree that should I engage in such activity that I do so voluntarily and at my own risk. THE UNDERSIGNED, in consideration of participation in this recreation program and the use of the City of Dublin's facilities, premises, equipment and transportation services, hereby agrees to RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE THE CITY OF DUBLIN, its officers, employees, and agents (collectively, "the City") for any loss or damage, and any claim or demands therefore on account of injury to the person or resulting in the death of the undersigned, whether caused by the negligence of the City or otherwise, while the undersigned is in, upon, or about the premises or any facilities or equipment therein or, arising out of, or in the course of any transportation provided by the City. In addition, the undersigned hereby agrees to indemnify and save and hold harmless, and defend at its own expense, the City from any loss, liability, damage or cost, including reasonable attorney's fee, the City may incur due to the presence of the undersigned, in, upon, or about the City premises or in any using any facilities or equipment of the City whether caused by the negligence of the City or otherwise. If this agreement is signed on behalf of a minor by a parent or guardian, the phrases "I" and "the undersigned" in the previous paragraph refer to the child and not to the parent or guardian signing on the child's behalf. In the case of an injury to my minor child, I authorize the City staff to administer minor first aid. In the event that I cannot be contacted and it is necessary to administer further medical treatment, I will take full responsibility for any medical expenses. I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. I HAVE READ THIS RELEASE.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Participant (18+)  Parent  Legal Guardian

## FOR OFFICE USE ONLY

Date Entered: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Cash  Credit Card  Check No: \_\_\_\_\_

Initial: \_\_\_\_\_