



Make checks payable to
H.A.R.D.

Hayward Area Recreation and Park District - Registration Form

1099 "E" Street, Hayward, CA 94541 (510) 881-6700 Fax: (510) 881-6763 registration@haywardrec.org www.HaywardRec.org

Main Account Contact Information (Participant or if participant is under 18, Participant's parent or Guardian.)

_____	_____	_____	_____
First Name	Last Name	Birthdate	M/F
_____	_____	_____	_____
Street Address	Apartment #	City	Zip Code
_____	_____	_____	_____
Primary Phone	Secondary Phone	Text Alert Phone	Email
_____	_____	_____	_____
Emergency Contact #1	Relationship	Phone Number	Emergency Contact #2
_____	_____	_____	Relationship
_____	_____	_____	Phone Number

First Choice				Second Choice			Fee*
Participant First and Last Name	M/F	Birthdate	Activity Name	Activity Number	Activity Name	Activity Number	

Total Fees: _____

Responsibility Agreement, Waiver and Release

* Add non-resident fee of **\$10.00 per class**

In consideration for being permitted by the Hayward Area Recreation and Park District to participate in the above-referenced activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity. Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illness, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks. **VIRTUAL CLASS RELEASE:** I hereby warrant and agree, that the conditions of my environment are safe, free from obstructions, and are suitable for participation in the above-referenced activity. I further understand and agree that any material downloaded, viewed or otherwise obtained through my participation in said activity is done at my own risk and the District is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks and other property used as part of my participation. **PHOTOGRAPHIC RELEASE:** I understand that photographs may be taken during this activity and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials. **PARENTAL/GUARDIAN CONSENT:** (To be completed and signed by parent/guardian if participant is under 18 years of age) I hereby consent that my son/daughter, _____, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity. **I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE HAYWARD AREA RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL.**

INFORMATION: • Registration will not be processed unless ALL of the information is completely filled out and the liability agreement (left) has been signed. **E-MARKETING SIGN-UP:** I understand that by providing my email address I am giving the District permission to sign me up for e-news alerts including District related Constant Contact, Facebook, and District and program alerts. I understand I may unsubscribe at any time. I understand my email address will not be sold.

_____	_____
Signature	Date
Please mark one:	
<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian
<input type="checkbox"/> Guardian	<input type="checkbox"/> Participant

METHOD OF PAYMENT

Payment by check or money order made payable to H.A.R.D., or by cash or credit (see below).

Payment Method: Cash Check # _____ Client Credit _____

For credit card, please mark one: American Express Mastercard Visa Discover

Credit Card Number Expiration Date 3-Digit Security Code

Authorized Signature

RETURN CHECK POLICY: A \$35.00 fee will be charged for returned checks.

MEDICAL ALERT INFORMATION:

DAY CAMP INFORMATION:

Grade youth will be entering in September: _____

T-Shirt Size: Please mark one:

Youth			Adult			
<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large

IMPORTANT INFORMATION:

- Registration will **not** be processed unless ALL of the information is completely filled out, payment received and the liability agreement (on reverse side) has been signed.
- For confirmation, send a stamped, self-addressed envelope.
- Please call 510-881-6700 immediately after faxing registration form to confirm receipt.