

General Registration Form



Woodland Parks & Recreation Department

2001 East Street • Woodland, CA 95776
Phone: 530/661-5880 • Fax: 530/666-7257

REGISTRATION APPLICATION

Participant Name	Activity #1			Activity #2		
	Name	Code	Fee	Name	Code	Fee
-SAMPLE- <i>Jill Jones</i>	-SAMPLE- <i>Day Camp 1001.102 \$65</i>			-SAMPLE- <i>Basketball 1001.102 \$65</i>		
1.						
2.						
3.						
4.						
Where did you learn about this program? Newspaper _____ Friend _____ Wave _____ Guide _____ or other _____			Fees \$	Fees \$		

Payment Method

Check *Checks payable to City of Woodland*
 Credit Card *Visa/MasterCard # _____ - _____ - _____ Exp _____ / _____*
 Cash

Total Amount Due \$

Waiver of Liability, Medical release and Indemnification agreement for minor and adult participant

- In consideration of the acceptance of my application for entry in the above event or class, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have as a result of my participation. This release is intended to discharge the City of Woodland and its agents and employees from and against any and all liability arising out of or connected in any way with my participation in said event or class, even though liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.
- I understand that serious accidents occasionally occur during recreational activities, sports, outdoor activities, or fitness activities, and that participants occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of the particular activity for which I have registered, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.
- It is further understood and agreed that this waiver, release, and assumption or risk is to be binding on my heirs and assigns.
- I give the City of Woodland the right to use photographs of me and my child(ren), participating in this program, in its own promotional materials.
- We will make good any loss or damage or cost the above entity may have to pay if any litigation arises on account of any claim made by said minor or by anyone on said minor's behalf.
- In the event that said minor requires medical or surgical treatment while under the supervision of said entity personnel in connection with the described activity, such supervisor may authorize treatment; we will pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment.
- We expressly permit said minor child to travel by either private automobile or entity vehicle to activities and events related to the above activity.
Please list any pertinent medical problems, such as allergies, asthma, serious allergic reactions, etc.

I agree to accept and abide by the rules and regulations of City of Woodland.

Applicant's Signature (or Applicant's Guardian, if under 18)

Date

For office use only

Completed Household Information file, dated _____

Updated Household Information form

Dates, location, fees & times are subject to change without notice. Non-resident fees apply to all programs.



Household Information Form



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HOUSEHOLD INFORMATION FORM

PLEASE PRINT CLEARLY

- New Household
 Updating Household



_____ *Primary Name*

Adult Name #1	<i>First Name</i>		<i>MI</i>	<i>Last Name</i>		<i>Date of Birth (mm/dd/yy)</i>	
	<i>Address</i>			<i>City</i>		<i>State</i>	<i>Zip</i>
	<input type="checkbox"/> Home		<input type="checkbox"/> Work		<input type="checkbox"/> Home		<input type="checkbox"/> Work
	()	<input type="checkbox"/> Cell	()	<input type="checkbox"/> Cell			
	<i>Phone 1</i>		<i>Phone 2</i>		<i>Email Address</i>		
Adult Name #2	<i>First Name</i>		<i>MI</i>	<i>Last Name</i>		<i>Date of Birth (mm/dd/yy)</i>	
	<i>Address</i>			<i>City</i>		<i>State</i>	<i>Zip</i>
	<input type="checkbox"/> Home		<input type="checkbox"/> Work		<input type="checkbox"/> Home		<input type="checkbox"/> Work
	()	<input type="checkbox"/> Cell	()	<input type="checkbox"/> Cell			
	<i>Phone 1</i>		<i>Phone 2</i>		<i>Email Address</i>		
Child	<input type="checkbox"/> Male <input type="checkbox"/> Female	<i>First Name</i>		<i>MI</i>	<i>Last Name</i>		<i>Date of Birth (mm/dd/yy)</i>
Child	<input type="checkbox"/> Male <input type="checkbox"/> Female	<i>First Name</i>		<i>MI</i>	<i>Last Name</i>		<i>Date of Birth (mm/dd/yy)</i>
Child	<input type="checkbox"/> Male <input type="checkbox"/> Female	<i>First Name</i>		<i>MI</i>	<i>Last Name</i>		<i>Date of Birth (mm/dd/yy)</i>
Child	<input type="checkbox"/> Male <input type="checkbox"/> Female	<i>First Name</i>		<i>MI</i>	<i>Last Name</i>		<i>Date of Birth (mm/dd/yy)</i>

FAMILY EMERGENCY CONTACT INFORMATION

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Name

Phone



WRD-Woodland Resident Discount. To Register or for more information, please call P. & R. at 530.661.5880