

# Register Early!

Complete and mail/return to Gilroy Community Services at the address below. Please print clearly.  
 (Non-Residents: For those residing outside the incorporated City limits, be sure to enter the Non-Resident Fee for each class.)

PARTICIPANT INFORMATION				PAYEE INFORMATION (PERSON PAYING FOR REGISTRATION)				
Family Name				Name <i>Fill in below if different from Participant</i>				
Address								
City	State	Zip		Address				
Home Phone		Work Phone/Cell Phone		City	State	Zip		
Emergency Phone				Home Phone		Work Phone/Cell Phone		
E-Mail Address:								
PARTICIPANT'S NAME (First & Last)		BIRTHDATE	SEX	Grade	ACTIVITY #		PROGRAM FEE	
HELP our scholarship fund! Just \$2 will enable underprivileged youth to participate in City Programs. I understand that this is a voluntary donation.							<b>\$2.00</b>	
<b>If applicable, you may list a second choice in the event your first choice class/session is full. Please indicate second choice clearly.</b>								
<b>Circle Shirt Size for Soccer League</b>		<b>Youth</b>			<b>Adult</b>			
	Sm	Med	Lg	Xlg	Sm	Med	Lg	
					Xlg	<b>*All sizes may not be available</b>		
							<b>TOTAL FEES</b>	

**Refund Policy:** The City of Gilroy is pleased to be able to offer recreation classes and programs to the community. In the event a customer chooses to withdraw from a class, transfers or refunds will be granted only if the following guidelines are met:

- **Contract Classes/Camps/Clinics/Workshops:** Refunds/Transfers will be given when notice is received by the Recreation Division at least seven (7) days prior to the first class. A \$10 processing fee will be charged for all refunds. The processing fee will be waived if the customer chooses a credit to their Community Services account.
- **Youth Sports:** Refunds (no transfers) will be given when notice is received by the Recreation Division prior to the first day of tryouts or before teams are formed and rosters/game schedules are distributed, whichever comes first. A \$25 processing fee will be charged for all Youth Sports refunds. A \$15 processing fee will be charged if the customer chooses a credit to their Community Services account.
- **Children's Theater:** Refunds (no transfers) will be given when notice is received by the Recreation Division prior to the first day of rehearsals. The processing fee will be waived if the customer chooses a credit to their Community Services account.
- Refunds under \$20 will automatically be credited to your account. Material fees are non-refundable.

**PHOTO RELEASE:** I agree, as a participant, parent or guardian of any paid or free event, class, activity or program, to grant full permission to the City of Gilroy to use our name(s) and any photographs, videographs, motion pictures, or recordings for any publicity and promotion purposes without obligation or liability to me.

**WAIVER & RELEASE OF LIABILITY:** The undersigned, in consideration of participation in this program, agrees to indemnify and hold the Community Services Department harmless and release the Community Services Department from any and all liability for any injury or loss which may be suffered by the above-named individual in this program. I have read the above application and agreement and fully understand that I assume all risks for any injuries received. I have followed all procedures for mail-in as stated under Registration Procedures. I certify that all the above information is true and accurate.

SIGNATURE \_\_\_\_\_  
 FULL PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 My relationship to participant(s) (Circle One) Parent Guardian Participant

<p>Please Send <b>SEPARATE CHECKS</b> for each class / session          (Payable to "City of Gilroy") to:  <b>COMMUNITY SERVICES DEPARTMENT</b>  <b>Recreation Registration</b>  <b>7351 Rosanna St., Gilroy, CA 95020</b>          or          Fax with Credit Card information to          (408) 846-0445</p> <p>*****          Do you have a qualified disability for which you request an accommodation? ____ If yes, what accommodation do you desire:</p>	<p><b>TOTAL FEES</b> _____</p>
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## IT'S EASY! JUST USE YOUR CREDIT CARD (PLEASE INCLUDE COMPLETE INFORMATION)

I hereby authorize the use of my \_\_\_\_ MasterCard \_\_\_\_ Visa \_\_\_\_ Discover Acct No. \_\_\_\_\_  
 Print Name as it appears on card \_\_\_\_\_ Exp Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Signature \_\_\_\_\_