

**The City of Pismo Beach Recreation Division
REGISTRATION PROCEDURES**

760 Mattie Road * Pismo Beach, CA 93449 * Phone (805) 773-7063 * Fax (805) 773-4684

1. **New Participant Registration Forms:** All new participants must completely fill out and sign the NEW PARTICIPANT REGISTRATION FORM (liability/medical/photo release) before participating in any City program.
2. **Returning Participant Registration Forms:** All returning participants must complete a simple RETURNING PARTICIPANT REGISTRATION FORM (liability/medical/photo release) with each subsequent registration payment.
3. **Medical and Liability Release:** Signatures must be on all registration (liability/medical/photo release) forms before participant will be allowed to participate in any City program. Parents or guardians may sign one form for up to four children.
4. **Space Reservation:** Registration is accepted on a first received, first handled basis. Registration is by payment only.
5. **Refund and Cancellation Policy:** A minimum number of participants are required to hold classes and take trips. Where registration is below the minimum the Recreation Division reserves the right to cancel the program with participants receiving a full refund. It is highly recommended that you pre-register as early as possible to avoid programs being cancelled due to a lack of enrollment. Refunds are provided only if the class is cancelled. Refunds are not provided for illness, change of plans or any other reason. "Credits" or "Exchanges" are also not accepted.
6. **Emergency Situations:** At the discretion of the Recreation Division a refund may be given. If a check is processed a \$5 fee will be charged to cover expenses. If an account credit is given, a \$1 fee will be charged.
7. **Online Registration:** Online registration opens 2 to 5 days before walk-in registration, which means participants who register online receive first priority. Only credit cards are accepted online.
8. **Drop off Registration:** The Recreation Division is located in City Hall (address above) on the east side of Highway 101 next to F. McLintocks in Pismo Beach. The office is open for registration Monday through Friday, 8 a.m. to 5 p.m.

NOTE: If you have a need for special services for equipment and would like to participate in any of our activities please let us know. We will make every possible effort to accommodate you.

PISMO BEACH RECREATION DIVISION, (805) 773-7063

**The City of Pismo Beach Recreation Division
Participant Registration and Liability, Medical & Photo Release FORM**
760 Mattie Road * Pismo Beach, CA 93449 * Phone (805) 773-7063 * Fax (805) 773-4684
Please fill out completely

HEAD OF HOUSEHOLD NAME: _____ HOME PHONE: _____
 ADDRESS: _____ WORK PHONE: _____
 CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____
 EMERGENCY CONTACT (other than above): _____ PHONE: _____

Participant's Name	Birth Date	Age	Sex	Grade	Shirt Size	Activity / Class / Camp	Start Date	Time	Fee

Make checks payable to the *City of Pismo Beach*

PAID BY: Check # _____ or Cash (staff initial): _____ **TOTAL AMOUNT:** _____

LIABILITY, MEDICAL & PHOTO RELEASE - Please read carefully before signing.

The undersigned agrees to hold the City of Pismo Beach and any officers, agents, employees, and volunteers thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this recreation program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. Registration form will act as medical release. I understand that no medical insurance is provided, and that staff are not medical professionals and are not trained to diagnose, monitor or treat medical conditions, whether pre-existing or caused by participation in named activity. I also understand that The City of Pismo Beach reserves the right to use any photos or videos of participants taken by our staff in our programs and facilities as promotional material for future brochure publications, flyers, web site postings, and any other media opportunity, and I understand I will not receive compensation for the use of any photos or videos. If participant is under 18, parent or guardian must sign release.

SIGNATURE: _____ **DATE:** _____