



Program Registration Form

Adult/Legal Guardian Information *(Please Print)*

#1 Adult Name:

Street _____

City _____

State _____ Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

E-Mail: _____

Do not e-mail me other program information.

#2 Adult Name:

Street _____

City _____

State _____ Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

E-Mail: _____

Do not e-mail me other program information.

Child/Participant Information

Child/Adult Activity Information

Child/Participant's Name		Child's D.O.B.	M/F	Child's Grade	Class Code #	Activity Name/ Gymnastics Session #	Day/Time	FEE
Last	First							

Financial Assistance Donation for low income: Youth Seniors **Optional \$5.00**

Resident - Lives within Novato City limits.

Non-Resident - Does not live within Novato City limits and/or has a P.O. Box address.

TOTAL \$



Yes, I require reasonable accommodations to use City facilities and/or participate in programs.

Please call 415-899-8279 or 415-899-8290 to discuss your special needs.

Emergency Contact Information

Name:	Relationship:	Phone: ()
Name:	Relationship:	Phone: ()

Medical Information

Name	Medication	Allergy

COMPLETE and **FAX** both sides of the registration form to either Novato Gymnastics 415-897-6395, or Margaret Todd Senior Center 415-897-0239 (credit cards only); or **MAIL** or **BRING** completed registration form to Novato Gymnastics Center, 950 7th St., 415-899-8279, or Margaret Todd Senior Center, 1560 Hill Rd. 415-899-8290.

OFFICE USE ONLY: Date Processed: _____ Receipt # _____ Registrar: _____

Payment Method

Payment by check or money order made payable to "CITY OF NOVATO", or by cash, or credit card (see below).

CHECK/MONEY ORDER CASH MC VISA AMERICAN EXPRESS DISCOVER



IT'S EASY! YOU CAN USE YOUR CREDIT CARD



Card No.: _____ Expiration Date: ____ / ____

PRINT NAME as it appears on card: _____ Card Security Code: _____

Signature: _____ Date: _____

Liability Waiver/Medical Treatment Consent

(In order for us to process your registration(s), you must sign the Liability Waiver/Medical Treatment Consent after you have read and agreed to the terms. Registrations where the waiver/consent has been altered will not be processed.)

In consideration for my and/or any of my family members' participation in the City of Novato's recreation program(s) that I wish to register for, I voluntarily RELEASE the CITY OF NOVATO, CITY OF NOVATO SUCCESSOR AGENCY TO THE DISSOLVED NOVATO REDEVELOPMENT AGENCY, CITY OF NOVATO PUBLIC FINANCE AUTHORITY AND THEIR RESPECTIVE OFFICIALS, OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS (hereinafter referred to as "RELEASEES") from any and all liability for injuries, illnesses (including COVID-19), or death or property damage to me and/or my family members resulting from, arising out of, or in any way connected with my and/or any of my family members' participation in the City of Novato's recreation program(s) or use of the RELEASEES' facilities in connection with this/these program(s). I understand that this WAIVER and RELEASE is applicable even though the negligent activities of the RELEASEES may have contributed to the injury or death or property damage suffered by me or any of my family members participating in this/these program(s). I further agree to DEFEND, INDEMNIFY and HOLD HARMLESS the RELEASEES from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation-related expenses such as attorney and expert witness fees) resulting from, or in connection with, participation in this/these program(s) whether caused by any negligent act or omission of the RELEASEES.

I further understand that serious accidents may occur in the City of Novato recreation program(s) that I am registering for, that participants in this/these program(s) may sustain mortal or serious personal injuries, and/or property damage, as a consequence of their participation in this/these program(s). Knowing the risks of said event, nevertheless, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS TO THE FULLEST EXTENT ALLOWED BY LAW ALL OF THOSE PERSONS MENTIONED ABOVE WHO THROUGH PASSIVE OR ACTIVE NEGLIGENCE OR CARELESSNESS MIGHT OTHERWISE BE LIABLE TO ME FOR DAMAGES.

It is further understood and agreed that this waiver, release, hold harmless and indemnification agreement is to be binding on me, any of my participating family members, and all of our heirs, representatives, and assigns.

I hereby authorize qualified physicians to render medical treatment or care that they may deem necessary for me or my family members in case of illness or accident during such program(s). In the event of injury of a child participant, and if a parent cannot be reached, the Novato Fire District will be contacted to transport the injured to:

- Novato Community Hospital or
- Kaiser Permanente. (Please check one. If none are checked, the injured will automatically be transported to Novato Community Hospital.)

If you do not want your child photographed while participating in our programs or community facilities please send an e-mail indicating this to novatofun@novato.org.

By my signature below, I signify that I have read, understand, and voluntarily agree to be bound by each of the terms stated above.

Signature _____ Date _____

Last Name:

Program/Code: