

REGISTRATION FORM

Mail to: Santa Cruz County Parks Department, 979 17th Avenue, Santa Cruz, CA 95062 ☀ Fax to: (831) 454 – 7940 ☀ www.scparks.com

Payee Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

Participant(s) Information:

Last Name: _____

Address: _____

City: _____ State : _____ Zip: _____

Phone: _____

Emergency Contact: _____ Phone: _____

Participant's Name	Birth Date	Class #	Alternate Class #	Name of Class	Fee(s)

Type of payment: Check payable to: Santa Cruz County Parks Cash

I authorize the use of my: MasterCard Visa

Print name as it appears on card: _____

Card Number: _____

Expiration Date: ____ / ____ Signature: _____

Subtotal	
Credit/Discount	
Total	

Check # _____
Date Rec'd _____
Receipt # _____
Initial _____

Signature Required



Does the participant require special accommodation to participate? Yes No
If yes, Recreation Staff will contact you. We require 2 weeks advance notice before the participant enters the program.

Signature _____
 Participant Parent Guardian Date: _____
 Permission to participate in the below programs sponsored by Santa Cruz County Parks, Open Spaces and Cultural Services Dept. is hereby given for myself and/or child as shown below. In consideration of participation in County programs, I hereby indemnify and hold harmless the County of Santa Cruz, its agents, employees, and volunteers from any and all liability for injury suffered by myself or my child arising from or connected with County programs, and assume all risk for any injury. In case of emergency, I give permission for emergency medical treatment. I also give my permission for photographs to be taken of me and/or my child by County Parks for promotional purposes. My signature acknowledges that I understand and agree to the above conditions.