

City of Temple City - Activity Registration

Account Information

Adult Last Name* _____	First Name _____
* Adult listed here will be used as main contact for this account and should match the name on any credit cards used for this payment.	
Street Address _____	
City _____	Zip Code _____
Home Phone _____	Work Phone _____
E-mail _____	

Registration Information

Participant Last Name	First Name	Birth Date	School Grade	M/F	Class #	Class Name	Day of Week	Price

Method of Payment	Cash Check VISA MC Debit	
VISA or MasterCard Number	_____	Subtotal
Expiration Date	_____	
Cardholder's Signature	_____	Total

In consideration of accepting and allowing me and/or my child to participate in the above recreation program, I hereby for myself, my heirs, executors, administrators and assigns, waive all rights and claim for damage against this program, the City, its agents, representatives, successors and assigns for any and all injuries suffered by me and/or my child at and during said program, resulting from any passive negligence on the part of any such person, officer or entity. "Passive negligence" shall be defined as contrasted with "active negligence" as the courts from time to time interpret those two terms. Certain classes (i.e. gymnastics, karate, sports programs, etc.) pose a higher risk of injury due to the nature of the activity. I understand and accept this additional risk. All persons registered or attending the above activity may be photographed, filmed or otherwise recorded for publicity purposes.

Signature of Participant or Parent/Guardian if Minor

Date

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