

Program Registration

Only members of the immediate family may be registered on this form. Registration is on a first come, first served basis. Submit registration in person at the locations listed below or **mail with payment before deadline or start of program to:** Community Services Department 605 N. El Dorado St. Stockton, CA 95202.

Arnold Rue Center
5758 Lorraine Avenue
Stockton, CA 95210
937-7350

Community Services Dept.
605 N. El Dorado St.
(2nd Floor)
Stockton, CA 95202
937-8206

Seifert Center
128 W. Benjamin Holt Dr.
Stockton, CA 95207
937-8307
*Except on Saturdays

Stribley Center
1760 E. Sonora St.
Stockton, CA 95205
937-7351

Oak Park Senior Center
730 E. Fulton St.,
Stockton, CA 95204
937-7777

Van Buskirk Center
734 Houston Ave.
Stockton, CA 95206
937-7358

Adult/Parent/Guardian Name: _____

Street Address: _____ City: _____ Zip: _____

Contact #: _____ 2nd Contact #: _____

E-mail: _____ Can we send you informational e-mails? Yes No

Payment - When paying by check include driver's license number.

Driver License # _____ Expiration Date: _____

Participant's Name	Birthday (if under 18)	Course	Location	Program	Cost
TOTAL					

Hold Harmless: I fully understand that my participation in this event/program exposes me to the risk of personal injury or property damage. I hereby acknowledge that I am voluntarily participating in this event/program and agree to assume any such risk. I hereby release, discharge and agree not to sue the City of Stockton, its officers, employees, agents, and contractors for any injury or damage to or loss of personal property arising out of, or in connection with, my participation in the event/program from whatever cause, including the active or passive negligence of the promoter/organizer or City or any other participant in the event/program. In consideration for being permitted to participate in the event/program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions or suits arising out of or in connection with my participation. This form will act as a medical release in the case of an emergency. I understand that by participating in this event/program, that I am giving consent for images of myself to be used for promotional purposes or instruction by the City of Stockton.

I have carefully read this release, hold harmless and agree not to sue and fully understand it contents. I am aware that this form is a full release of all liabilities and signed by my own free will.

Signature _____ Date _____

OFFICE USE ONLY

Date Received:

Date paid: