



# CITY OF ROHNERT PARK COMMUNITY SERVICES PROGRAM REGISTRATION FORM

Rohnert Park Community Center  
5401 Snyder Lane, Rohnert Park CA 94928  
(707) 588-3456; www.rpcommunityservice.org

## Sign up for classes in 3 easy steps

**Step 1:** If you already have an account with the City or Rohnert Park and all of your information is still up to date check the box to the right and skip to step 3.

**Step 2:** Fill out this form and submit it the Rohnert Park Community Center either by mail, in person during our office hours, 8:00am to 5:00pm M-F, or by fax to 588-3444. Also, instead you can create an account using our online service, RecEnroll by going to our website [www.rpcommunityservices.org](http://www.rpcommunityservices.org)

**GENERAL ACCOUNT INFORMATION:**

Primary Adult		E-mail address	
Address			
City	Zip	Date of Birth	
Home Phone	Work Phone	Cell Phone	
Emergency Contact			Phone Number
Family Medical Insurance Carrier	Family Physician	Phone Number	

**Family Member Information (must be part of the immediate family and reside in the same household):**

Name <small>(Include last name if different from primary)</small>	D.O.B. <small>(mandatory for children under 18)</small>	M/F	Grade <small>(Current or last completed)</small>	Medical Insurance Policy Number

**HELP US IMPROVE OUR PROGRAMS BY FILLING OUT A QUICK SURVEY** (optional)

*How did you hear about our programs?*

A Friend or Family Member <input type="checkbox"/>	The Activity Guide <input type="checkbox"/>	Our City Website <input type="checkbox"/>
Facebook <input type="checkbox"/>	My family has been attending classes forever <input type="checkbox"/>	Another Website <input type="checkbox"/>

Other: \_\_\_\_\_

*What program do we not offer that you would like us to try and offer in the future?*

\_\_\_\_\_

Continued on the back

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## Step 3: Registration

Course #	Course Title	Participant's Name	Course Fee
			\$
			\$
			\$
			\$
			\$
Optional Scholarship Donation			\$
Total			\$

**CONSENT TO TREAT:**

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that Rohnert Park Community Services provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

If you do not give your consent to treat and request that medical or surgical services be withheld, please initial box at left.

**LIABILITY RELEASE:**

In consideration of the acceptance of my application for any Community Services classes/activities, I hereby waive, release, and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said event. This release is intended to discharge in advance the City of Rohnert Park, its officers, employees or agents from liability, unless the cause of the accident/loss is the sole negligence of the city, its officers, employees or agents. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

**PARENTAL CONSENT:** *(To be completed for applicants under 18 years of age)*

I give my consent for my son/daughter \_\_\_\_\_, to participate in Community Services classes/activities, and I execute the above liability release on his/her behalf.

**REFUND POLICY:**

Refunds can be requested if presented prior to completing 50% of the class meetings. A \$5 processing fee will be deducted from your refund. If Community Services cancels or changes an activity, a refund will be issued for the unused portion of the activity. (The processing fee is different for summer camps. Please see camp payment information.) Refunds will be mailed within a week of the request.

**READ BEFORE SIGNING**

I have read and understood the foregoing liability release form, parental consent and consent to treat forms, and agree to all of their terms and conditions. I further understand that the Recreation Department's "Satisfaction Guaranteed" and "Refund Policy" apply to specified Department programs, and a \$ 5.00 fee is charged for refunds requested due to change of schedule, illness, unable to attend or change of mind on registering for the activity.

Signature X \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Information:**     Visa                       Master Card                       Cash                       Check  
Payable to the  
City of Rohnert Park

Card Number \_\_\_\_\_ Exp \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Total: \$ \_\_\_\_\_