

**Manteca Recreation & Community Services**  
**Activity Registration Form**

252 Magnolia Avenue, Manteca, CA 95337  
 Phone (209) 456-8600 • Fax (209) 923-8954  
 recreation@mantecagov.com • www.mantecagov.com/recreation

Participant's First and Last Name	M/F	Birthdate	Grade	Activity #	Activity Name	Shirt Size*	Fee
							\$
							\$
							\$
							\$
<b>Late registration fee (applies if registration is received after the specified deadline for the activity)</b>							(\$ 5.00)
<b>City of Manteca Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			I would like to contribute to the Youth Scholarship Fund				(\$ 1.00)
<b>*T-Shirt Sizes:</b> Youth: XS   S   M   L    Adult: S   M   L   XL						<b>Total fees</b>	<b>\$</b>

<b>Household / Primary Adult Contact</b>			
First & Last Name		Relationship to Participant/s	
Street Address		City, State, Zip	
Home Phone		Work Phone	
Cell Phone		Email	

**Method of Payment:**

Cash     Check (payable to City of Manteca)     Visa     MasterCard    *(Provide credit card information below)*

Cardholder Name (print) \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration Date (month/year) \_\_\_\_\_ / \_\_\_\_\_    CVC \_\_\_\_\_

**LIABILITY/PHOTO WAIVER:** In consideration of the acceptance of my application for entry into the above event, 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 hereafter accrue to me, against the City of Manteca as a result of my participation in the event. This release is intended to discharge the City of Manteca, its agents and employees, and any other involved municipalities or public entities from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or entities mentioned above to assume those risks and to release and to hold harmless all of the persons or entities mentioned who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. The Parks and Recreation Department reserves the right to photograph facilities, activities, and program participants for potential future use. All photos remain the property of the City of Manteca Parks and Recreation Department and may be used for art projects, good behavior recognition, and occasional publicity and promotional purposes. My signature releases the City of Manteca from any and all liability and/or obligation to me and/or my child(ren) for the use of such documentation.

**ONLINE OR VIRTUAL CLASSES:** By participating in online or virtual classes, you are accepting full responsibility for your own safety and well-being. Whether participating live or watching video replays, you need to take care of your own body, and stay tuned in to your personal needs. By performing any fitness exercises, you are performing them at your own risk. If you experience faintness, dizziness, pain, or shortness of breath at any time, you should stop immediately and call for help. The City of Manteca will not be responsible or liable for any injury or harm you sustain as a result of these classes, whether live, streaming online or video. To reduce, or avoid injury, check with your doctor before beginning any fitness program.

**ASSEMBLY BILL 2007 (Concussion-Related Injuries):** I understand that Manteca Parks and Recreation has adopted concussion-related education, awareness and protocol. By signing below, I acknowledge that I have been provided the links and/or informational sheets to read and discuss concussion-related injuries with my child. I understand the nature and risk of concussion and head injury to youth athletes, including the risks of continuing to play after concussion or head injury.

Participant Signature (REQUIRED)  
 (If under 18, signature of parent or guardian)

Date

<b>OFFICE USE ONLY:</b>							
Cash:	_____	Check:	_____	Credit:	_____	Memo:	_____
						Receipt #:	_____
						By:	_____