

REGISTER NOW

Please print the following information (one person, or 2-person household, per form):

Today's Date: _____

Mr. Mrs. Ms. Name (Last, First) _____

Membership # _____

Mr. Mrs. Ms. Name (Last, First) _____

Membership # _____

NEW CUSTOMERS & INFO UPDATE ONLY

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

E-mail Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: () _____

WAIVER OF LIABILITY & PHOTO RELEASE: In consideration of participation in a class or activity offered by the City of Sunnyvale Department of Community Services–Recreation Division, I, the below signed, agree to indemnify and hold the City of Sunnyvale harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the City of Sunnyvale, its City Council, employees, agents, volunteers, independent contractors, and instructors from and against any liability arising out of or connected in any way with my participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

■ I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me (or my heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my heirs and assigns. ■ I have read and agree to the registration and program policies. Further, I agree to allow use of my image, which may be captured through video, photo, digital camera or other media, for City of Sunnyvale promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Signature _____ Date _____

(Signature required)

Signature _____ Date _____

(Signature of second household member required if listed above)

| Registrant's First Name | Class # (8-digits) <i>Example 123456.AB</i> | Class Name | Dates | Class Fee | Non-Member Class Pass Fee* | Subtotal |
|---|--|------------|-------|-----------|--|----------|
| | . | | | | <input type="checkbox"/> \$8 <input type="checkbox"/> \$12 | |
| | . | | | | <input type="checkbox"/> \$8 <input type="checkbox"/> \$12 | |
| | . | | | | <input type="checkbox"/> \$8 <input type="checkbox"/> \$12 | |
| | . | | | | <input type="checkbox"/> \$8 <input type="checkbox"/> \$12 | |
| | . | | | | <input type="checkbox"/> \$8 <input type="checkbox"/> \$12 | |
| Membership 2010** (pro-rated quarterly; ask front desk for current rates) | | | | | | |
| Membership 2010** (pro-rated quarterly; ask front desk for current rates) | | | | | | |
| TOTAL | | | | | | |

* \$8 for class duration of 8 weeks or less, \$12 for class duration of 9 weeks or more

** Need to complete a membership application form on site at Senior Center.

Cash

My check is attached. Make payable to: **City of Sunnyvale.**

NOTE: \$30 charge on all returned checks.

Charge my: Mastercard Visa



Name of card holder _____

Card No. | _ | _ | _ | _ | - | _ | _ | _ | _ | - | _ | _ | _ | _ | - | _ | _ | _ | _ |

Expiration Date: _____ 3 Digit Security Code **REQUIRED** (from back of card) _____



Fax to (408) 737-4965 three days before 1st day of class • Phone (408) 730-7360