



City of El Centro • Community Services Department • Parks & Recreation Division

375 S. 1st, El Centro, CA 92243 • Tel: (760) 337-4555, Fax: (760) 337-4551

ADULT REGISTRATION

Full Name Participant: _____ DOB: _____ Gender: _____ Contact Number: _____

Address: _____ City/Zip: _____ Email: _____

Allergies/Medical Conditions: _____

Medication: _____

Full Name of Emergency Contact: _____ Contact #: _____ Relationship: _____

I hereby agree to participate in the City of El Centro Community Services Department Recreation Program. In consideration for permitting myself to engage in the above stated activities. I hereby agree to indemnify and hold harmless the City of El Centro and its officers, agents, employees, or volunteers from any liability which may occur in connection with these requests. I understand I will be under general supervision of responsible adult during this program. I hereby authorize emergency treatment to be given to me if needed by competent medical personnel.

City of El Centro has my permission, (both during and anytime after), to use likeness, name, voice, pictures, words in either television, radio, films, newspaper, magazines and other media, and in any form, for the purpose of advertising or communication the purposes and activities of City of El Centro Community Services Department Recreation Department.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREE NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND I SIGN IT ON MY OWN FREE WILL.

Refunds & Transfers

Refunds are not issued unless program is cancelled. Any refunds will be processed and mailed approximately 4-8 weeks after program begins. Transfers and/or credits may be approved under certain limited conditions.

Signature: _____ Date: _____

How did you hear about the program? _____

OFFICE USE ONLY

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____



City of El Centro • Community Services Department • Parks & Recreation Division

375 S. 1st, El Centro, CA 92243 • Tel: (760) 337-4555, Fax: (760) 337-4551

ADULT REGISTRATION

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____

Amount: _____ Munis Receipt #: _____ Check #: _____ Cash: _____ Date: _____ Program: _____ Month: _____