

REGISTRATION FORM

Parks and Recreation Services
 1850 Soscol Ave. Suite 201, Napa, CA 94559
 707-257-9529
 www.cityofnapa.org



WIGGLE ROOM BIRTHDAY PARTY

| Primary Adult Name: | | Birth Date: | | |
|--|------------------------|---|------------|-------------|
| Address: | | City: | State: | Zip: |
| Email: | | City of Napa Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Primary Phone: | | Secondary Phone: | | |
| Emergency Contact: | | Relationship: | | |
| Primary Phone: | | Secondary Phone: | | |
| Activity # | Activity Name | Participant / Child Name | Birth Date | Fee |
| | Wiggle Room BDAY Party | | | \$225 |
| Donate to Napa Youth Scholarship Fund: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| OFFICE USE ONLY: | | Non-resident Fee: | | |
| (Credits on account will expire 12 months from the refund date) | | Account Credits Used: | | |
| | | | | Total Fees: |
| # of Kids | | Food to be served: | | |
| # of Adults | | | | |
| *Special Accommodations: | | | | |
| City of Napa welcomes all individuals into our programs. Please describe any accommodations needed (e.g. allergies, physical accommodations, medical conditions, medications, etc.). | | | | |

The undersigned in consideration of participation in this program agrees to indemnify and hold the City of Napa harmless, and release the City of Napa from any and all liability claims, and necessary costs and expenses for any loss/damage to property or injury from any cause whatsoever regardless of negligence, which may be suffered by the above-named individual registered in this program, arising out of, or in any way connected with participation in this program and/or use of the premises. I understand that photographs taken of recreation programs may be used by the Parks & Recreation Services Department for promoting our programs, classes or events.

Signature Participant Parent Guardian

Date

OFFICE USE ONLY: Receipt #: _____ Type of Pymt: Cash Check Credit Card Acct Cr

Comments: _____