REGISTRATION REQUEST FOR WITHDRAW/TRANSFER

Parks and Recreation Services
1500 Jefferson Street, Napa, CA 94559
Phone 707-257-9529/Fax 707-257-9532
www.cityofnapa.org

Participant/Parent/Guardian Name:			
Email:		Primary Phone:	
Reason: Doctor's note verifying an injury or medical condition that prohibits participation in activity: ☐ Yes ☐ No			
Request for Withdraw			
Activity #	Activity Name	Participant/Child Name	Fee

Request for Transfer				
From Activity #	Fee	To Activity #	Fee	Participant/Child Name
If applicable, please provide payment method to cover the additional fees.				

OFFICE USE ONLY:	Total Refund/Amount Due:	
	Credit to Account:	

I am requesting a withdraw/transfer from the above activity(s). I understand by withdrawing from the above activity(s), I am canceling my enrollment. By transferring to another activity(s), I agree 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 Payment: ☐ Cash ☐ Check ☐ Credit Card

Coordinator Approval/Comments: _____