

Registration Transfer Request

- Transfers will only be granted if activity is available and request is made **prior** to the start of activity.
- A **\$2** administrative handling fee may be added if excess transfers are made.
- This form must be signed and dated.

Parent/Guardian _____

Reason: _____

Address _____ **City** _____ **Zip** _____

Primary Phone: _____ **Secondary/Alternate Phone** _____

Participant Name _____

From: activity # _____ **Fee:** _____ **To:** activity # _____ **Fee:** _____

From: activity # _____ **Fee:** _____ **To:** activity # _____ **Fee:** _____

From: activity # _____ **Fee:** _____ **To:** activity # _____ **Fee:** _____

Participant Name _____

From: activity # _____ **Fee:** _____ **To:** activity # _____ **Fee:** _____

From: activity # _____ **Fee:** _____ **To:** activity # _____ **Fee:** _____

From: activity # _____ **Fee:** _____ **To:** activity # _____ **Fee:** _____

Price Difference, if applicable: \$ _____

A \$2 administrative handling fee may be added to transactions with excess transfers.

Total Due: \$ _____

OR total Credit to Active Net Account: \$ _____

Please provide payment method to cover the additional fees, if applicable. Any unused fees from the transferred activity will become a credit on file that can be used by any member of your family for the next three years.

D. Waiver Required

“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.”

Signature _____ **Date** _____ Self Parent Guardian