

# REGISTRATION FORM

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



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
Donate to Napa Youth Scholarship Fund: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>OFFICE USE ONLY:</b>			Non-resident Fee:	
(Credits on account will expire 12 months from the refund date)			Account Credits Used:	
			Total Fees:	
*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: \_\_\_\_\_