



ACTIVITY REGISTRATION FORM

On-line - Beat the crowd!
www.elcajonrec.org

(or) Mail to: Recreation Registration
City of El Cajon
200 Civic Center Way
El Cajon, CA 92020-3916

(or) Walk-In to Recreation Centers
Late Registration Only

Adult/Guardian Name: Last _____ First _____

Address: _____ Apt #: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Text Message Alert Phone: _____ @ _____

Agree to receive text messages Cell Phone Carrier

E-Mail Address: _____

E-Mail address is required for the Internet Registration's "Forgot My Password" feature. E-mail will be used for registration confirmation and to provide information regarding City Recreation programs. Under no circumstances will e-mail addresses be sold to outside agencies. E-mail to you will not disclose other e-mail addresses.

Participant's Name	Class Name	Course # (1st Choice)	Course # (2nd Choice)	Date of Birth	Grade	FEE	Y/N
				/ /		\$	
				/ /		\$	
				/ /		\$	
				/ /		\$	
				/ /		\$	
FOR OFFICE USE ONLY:				Yes! I would like to donate to the youth scholarship fund.			\$
Staff: _____ Date: _____ Payment Method: _____ Check Check #: _____ _____ Cash _____ Visa _____ MasterCard _____ Disc. _____ AMEX				TOTAL FEES ENCLOSED			\$



The City of El Cajon endeavors to be in total compliance with the Americans with Disabilities Act (ADA). Individuals who wish to participate in City Recreation programs and activities and who may need accommodation, please contact the Recreation Supervisor at 441-1670 a minimum of two weeks in advance of the program start date in order to process the request.

READ, SIGN AND DATE WAIVER *Registration cannot be completed until waiver is signed below.*

By signing this Waiver, I release the City of El Cajon, the El Cajon Recreation Department, and its officers, agents, employees and volunteers from any and all liability for any claim for personal injury, or property damage arising as a result of my, my family's or my organization's participation in recreation activities. In the event of any claim or action, including any claims for negligence against the City, I will indemnify and hold harmless from any and all damages the City of El Cajon, the El Cajon Recreation Department, and its officers, agents, employees and volunteers, and will pay all costs incident to any such claim including, without limitation, attorney's fees. I understand there are certain risks inherent in this activity and I assume all risk associated with this event on my own behalf or on behalf of any minor or dependent child or children participating in this event. I grant full permission for this event's sponsors to use my/my child's name, voice and/or picture in any media or other account of this event for any purpose. I further grant permission for event sponsors to solicit feedback on the program from my child. No city agent may modify this waiver.

SIGNATURE _____ **DATE** _____

Registration Questions? Call 619-441-1516 or
send us and e-mail to: erec@cityofelcajon.us

"...develops youth, supports families, and provides safe places."