

# Program Registration

Only members of the immediate family may be registered on this form. Registration is on a first come, first served basis. Submit registration in person at the locations listed below or **mail with payment before deadline or start of program to:** Community Services Department 605 N. El Dorado St. Stockton, CA 95202.

**Arnold Rue Center**  
5758 Lorraine Avenue  
Stockton, CA 95210  
937-7350

**Community Services Dept.**  
605 N. El Dorado St.  
(2nd Floor)  
Stockton, CA 95202  
937-8206

**Seifert Center**  
128 W. Benjamin Holt Dr.  
Stockton, CA 95207  
937-5508

**Stribley Center**  
1760 E. Sonora St.  
Stockton, CA 95205  
937-7351

**Oak Park Senior Center**  
730 E. Fulton St.,  
Stockton, CA 95204  
937-7777

**Van Buskirk Center**  
734 Houston Ave.  
Stockton, CA 95206  
937-7358

Adult/Parent/Guardian Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact #: \_\_\_\_\_ 2nd Contact #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Can we send you informational e-mails?  Yes  No

**Payment - When paying by check include driver's license number.**

Driver License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

| Participant's Name | Birthday | Course | Location | Program | Cost |
|--------------------|----------|--------|----------|---------|------|
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|                    |          |        |          |         |      |
| <b>TOTAL</b>       |          |        |          |         |      |

**Hold Harmless:** I hereby release, discharge and agree not to sue the City of Stockton, its officers, employees, agents, and contractors for any injury or damage to or loss of personal property, or illness, including, but not limited to, communicable diseases such as MRSA, influenza, and COVID-19, arising out of, or in connection with, my participation in the activity/event from whatever cause, including the active or passive negligence of the promoter/organizer, City or any other participant in the activity/event. In consideration for being permitted to participate in the activity/event, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions or suits arising out of or in connection with my participation in the activity/event. This form will act as a medical release in the case of an emergency.

I understand that by participating in this event, that I am giving consent for images of myself and event to be used for promotional purposes or instruction by the City of Stockton.

In case of an emergency or for reasons beyond the City's control, the City reserves the right to cancel the scheduled activity prior to scheduled use without liability. Refunds will be made if cancellation by the City is necessary.

I have carefully read this release, hold harmless and agree not to sue and fully understand it contents. I am aware that this form is a full release of all liabilities and signed by my own free will.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Date Received:

Date paid:

May 2021