

# REGISTRATION INFORMATION

## Winter & Spring 2010 Registration

**Resident Registration begins: Wednesday, January 6<sup>th</sup> (7:00 am)**

**Open Registration begins: Thursday, January 7<sup>th</sup> (8:00 am)**



### SUPER *Early Bird Registration\**

*Campbell Combo Sports Camp, Basketball Camp, Day Camp and Swim Lessons*

**SATURDAY, MARCH 6<sup>TH</sup>**

*Residents 7 – 8:30 am; Everyone 8:30 – 9:30 am\*\**

*\*To give parents more time to plan for their summer child care activities  
The schedule for day camps, swim lessons and sports camps will be available on-line and hard copy in our office Feb 12, 2010*

**\*\*Super Early Bird Walk-In, Phone-In, Mail-In, Fax-In registrations will resume Monday, March 8<sup>th</sup> during regular office hours. On-line will remain open 24/7 after March 6<sup>th</sup>, 9:30 am**

***New credit card security requires the billing address for the credit card you use match the mailing address listed in our system. A mis-match will result in an error during registration and will not allow your registration to be processed.***

#### **ON-LINE** (24 hrs a day)

[www.cityofcampbell.com](http://www.cityofcampbell.com)

Click on "Recreation & Parks"; Click on "Click to Register"; (under "Recreation Online Registration" computer graphic)  
VISA/Mastercard/Discover

#### **PHONE-IN** (408) 866-2104

Mon-Thurs. 8 am - 5:30 pm;

Friday 8 am - 5 pm

VISA/Mastercard/Discover

Billing Address Must Match Credit Card Statement  
Billing Address

#### **MAIL-IN/FAX-IN**

Mail to: Campbell Recreation Dept.  
1 W. Campbell Ave. #C-31, Campbell 95008  
Make checks to **CITY OF CAMPBELL**  
VISA/Mastercard/Discover with card #,  
4-digit exp. date, & cardholder's name  
Fax to: (408) 374-6965

#### **WALK-IN**

Campbell Recreation Dept.  
1 W. Campbell Ave. #C-31  
Regular Business Hours  
Mon-Thurs. 8 am - 5:30 pm  
Friday 8 am - 5 pm  
Cash, Check, or Credit Card

### **CANCELLATION - PROGRAM TRANSFER POLICY**

Full **REFUNDS** are given when a class or program is canceled by the Recreation Department. **ALL OTHER CANCELLATIONS or TRANSFERS require 5 business days notice prior to start date of class or activity. A \$10 administration fee per activity per person, will be deducted from the refund. Cancellations or transfers with less than 5 business days notice will NOT receive a refund. TRANSFERS** are accepted from one class to another up to 5 business days in advance of a class start date. Medical emergencies are exempt from this policy; **however**, a signed statement from your doctor is required. A minimum number of participants is required to hold a class. Where enrollment is low, the Recreation Department reserves the right to cancel a program. A \$25 fee will be charged on all returned NSF checks. Refunds and Transfers cannot be done on-line. You must contact the main office at (408) 866-2104 to request a refund or transfer.

**RESIDENT** is anyone living within the Campbell city limits. **P.O. boxes and school district are not considered residents.** Proof of residency can be provided by a California Driver's License, pre-printed personal check, or residential utility bill with the owner's name and address printed on it.

**AGE LEVELS** indicate the participant must be that age by the starting date of the class. Proof of age may be required for some programs (pre-school, etc.).

**WAITING LISTS** are established once a class is filled. If a vacancy occurs up to 2 working days prior to a class starting, Campbell residents will receive priority to fill the vacancy. Waiting list names will be called until a live voice is contacted. Waiting list names will have a limited time to register for the vacancy. Less than 2 days before class starts, openings filled on a first come, first serve basis.

# REGISTRATION FORM

PLEASE PRINT CLEARLY (Form may be duplicated, only same family members on each form)

**NOTE: If using a credit card, your home address must match your credit card statement billing address.**

LAST NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ WORK ( ) \_\_\_\_\_

PARTICIPANT NAME	BIRTHDATE	GENDER	CLASS NO.	CLASS TITLE	FEE

IF YOU HAVE A DISABILITY AND NEED SPECIAL ASSISTANCE, PLEASE CHECK HERE  (OFFICE USE ONLY) TOTAL ENCLOSED \$ \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_ CHECK NO. \_\_\_\_\_

**TO PAY BY MASTERCARD, VISA, DISCOVER**  
 Use card with billing address that matches home address listed above

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CREDIT CARD NUMBER (ALL DIGITS)

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PRINT CARDHOLDER NAME AS IT APPEARS ON CREDIT CARD

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EXPIRATION DATE (Mo and Yr.)

**GIVING TREE YOUTH SCHOLARSHIP FUND**

Check here if you would like to donate to the Giving Tree Youth Scholarship Fund. (6000303)

\$ \_\_\_\_\_

**Photo/Video Release:** I agree to allow the use of my photograph and/or video for program publicity.

**Medical Release:** Pursuant to the provisions of sections 6910 et seq of the California Family Code, and other applicable laws, I hereby authorize the City of Campbell Recreation and Community Services Department to procure and consent to, medical, hospital or dental care for myself or my child in the event of injury as a result of participation in this program.

**Waiver and Release of Liability:** In consideration of my participation, **I hereby release, discharge and covenant not to sue** the City of Campbell and the Campbell Redevelopment Agency, their officers, employees and volunteers, **from any and all present and future claims, demands, actions, or causes of action** resulting from any accidents, injuries, deaths, or loss of and/or damage to my/our person(s) or property arising out of or connected with my/our participation in the above activity(ies) (except for claims legally caused by the sole negligence or willful misconduct of the City or others listed above). **I hereby voluntarily waive any and all claims resulting from negligence**, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that this activity may involve certain risks or possible dangers, including death, and that equipment provided for my protection may be inadequate to prevent serious injury. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless the City of Campbell and others listed above for any and all claims arising as a result of my engaging in this activity. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of California and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in California.

I affirm that I am of legal age and am freely signing this document. **I have read this form and fully understand that by signing this form, I am giving up legal rights** and/or remedies which may be available to me against the City of Campbell or any of the parties listed above.

**Refunds:** Refunds, less a \$10.00 administration fee (per activity, per person) will be given to registered participants who cancel up to 5 business days in advance of a class start date. Cancellations with less than 5 business days notice will not receive a refund.

X \_\_\_\_\_ Date \_\_\_\_\_  
 Signature (Read before signing)  Participant  Parent  Legal Guardian