

No School Today?

Monday January 25th 7:30-5:45

Friday February 12th 7:30-5:45

1/25 Course #46075

\$43 resident/\$54 non-resident

2/12 Course #46076

\$43 resident/\$54 non-resident

**Located at Beresford Recreation Center
2720 Alameda de las Pulgas San Mateo 94403**

Fill out form on Reverse

Internet Registration: Internet registration is available at www.erecreg.com for those with an account number & PIN. Call to set-up your online account.

Mail -In Registrations:

Mail to: San Mateo Recreation Department,
330 West 20th Ave., San Mateo, CA 94403

Fax:

Faxed registrations only accepted with credit card or credit on account payment.

(650)522-7441.

Walk-In Registration:

You may register in person at Beresford or King Centers.

We Accept Visa and MasterCard Payments

We Accept checks (payable to City of San Mateo)

Recreation Fee Assistance Available

CITY OF SAN MATEO PARKS & RECREATION DEPARTMENT
ACTIVITY REGISTRATION FORM

REGISTER ONLINE AT ERECREG.COM OR FAX TO 522-7411

1. Account Main Contact Name & Information

Parent/Legal Guardian Name

City of SM Resident
 (live/own property in City Limits)

Non-Resident
 (other cities & unincorporated San Mateo)

Mr. _____
 Ms. _____
 Mrs. _____
 first and last name

Date of Birth _____
 (must be 18yrs or older) month / day / year

Residence Address Complete if you are new or your information has changed.

_____ no. and street

 _____ city and zip + 4 code

 _____ email address

Phone Numbers

_____ home (area code + number)

 _____ cell (area code + number)

 _____ work (area code + number)

2. Emergency Contact

Name

_____ first and last name

 _____ relationship

Phone Numbers

_____ home / cell (area code + number)

 _____ work (area code + number)

3. A signature is required by each adult participant on this form.

To the extent allowed by law, I hereby absolve the City of San Mateo, its employees, agents, independent contractors, and officers from all liability which may arise as the result of my/our participation in activities I or any member on my family account attends or registers into; and, in the event that the above named participant is a minor, I hereby give my permission for his or her participation as indicated and in so doing absolve the City of San Mateo, its employees, agents, independent contractors, and officers from such liability. I am aware that if I have registered for a class involving physical activity, I have taken care to enroll at a class level appropriate to my/our physical abilities and/or medical conditions. I release use of my/our photos taken during program participation from all and any claims and demands resulting from their use in program publicity.

Signature _____ Date _____ self parent guardian
 Signature _____ Date _____ self parent guardian
 second participant's signature

4. All participants listed here must live at the same address listed above.



Participant Name First and last <i>(use one line for each person or course)</i>	Course Title	Course Number <i>(last 5 digits)</i>	Alternate Course Number	Course Fee \$	Date of Birth <i>(mm/dd/yy)</i>	Gender
1.					/ /	M F
2.					/ /	M F
3.					/ /	M F
4.					/ /	M F
5.					/ /	M F
6.					/ /	M F

TOTAL FEES

Help us help others! Donate to the Fee Assistance Fund. ➡
 (please enter amount in the space to the right)

_____ credit card payment authorization _____ mo/yr

_____ billing zip code

 **Choose 1** 

_____ authorized signature (as shown on credit card)

DONATION AMOUNT

Less Credit on Account

Total Amount Enclosed

PAYMENT TYPE Cash Other _____
 Check (payable to City of San Mateo)

Recreation Fee Assistance Program