



Registration Form

MAKE CHECKS PAYABLE TO:
"City of Hollister"

Name(Parent) _____

Address _____

City _____ Zip _____

DaytimePhone(_____) _____

EveningPhone (_____) _____

Cell Phone(_____) _____

E-Mail Address _____

Payment Information:	
Total Amount Enclosed:\$	_____
Check _____	Cash _____
Credit Card: Visa _____ Mastercard _____	
Name	_____
Card #	_____
Exp. Date	_____

Participant Name	Date of Birth <i>(Under18)</i>	Male/ Female	Sport Activity:		Classes:	
			Shirt Size:	Activity:	Day & Time	Class Title

I, the undersigned, understand that the transfer funds from one class/program to another may not be allowed, nor can I arrange for another person to take my place in the class/program. As a participant, or legal guardian representing a minor participant, I am aware certain risks are inherent in the above activity. Nevertheless, to gain the City of Hollister's permission to participate, my intention by signing this document is to relieve the City of Hollister, its management and employees from liability, and save them harm from any claims I may have for personal injury, property damage or wrongful death caused by negligence. I agree to allow use of my photograph, or other recordings, by the City of Hollister for any purpose without obligation or liability to me. I have read and understand the registration and program policies, and enter into this agreement of my own free will. ***An additional Liability Waiver must be signed and returned to the City of Hollister prior to the start of any classes or sports activities.**

Signature (Parent/Guardian) X _____

Disclaimer: The City of Hollister Recreation Division reserves the right to cancel, combine, change time or date, or make revisions that may be necessary to all classes and sport activities. To verify class or sport activity availability, Call (831) 636-4390 for more information.

Hollister Community Center
300 West Street/ 636-4390
Office Hours:
Monday-Friday
8am-12pm and 1pm-5pm
www.hollister.ca.gov