

Templeton Community Services District Recreation Department

*Community Class Registration Form*

599 S. Main St. · P.O. Box 780 · Templeton, CA 93465 · (805) 434-4828 · Fax: (805) 434-5944

Main Contact: \_\_\_\_\_ Are you a member of the Templeton Senior Club? Yes No  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant's Name (Last, First)	Sex	Date	Hours	Templeton Sr. Club Fee	General Public Fee	Nonrefundable Deposit	Amount Paid
							\$
							\$
							\$

Payment (circle one): Cash \$ \_\_\_\_\_ Check Payable to: "TRD" Check # \_\_\_\_\_

Participant Waiver: Waiver must be signed prior to participation in any activity. Participant has elected to take part in certain recreational activities. In consideration for and as a condition of such participation, participant agrees to assume all risks incidental to such participation and agrees to hold the Templeton Community Services District (TCSD), its instructors and employees, harmless from all suits, claims, or demands of every kind and character arising out of or in connection with the undersigned as participant in said recreation program. Participant further releases the TCSD, its instructors and employees, from all suits, claims, or demands of every kind and character which participant's successors or assigns shall or may have arising out of or by reason or in connection with the course of instruction and/or activities contemplated in the program. Participant represents that participant is in good physical condition and physically fit to participate in the program. Participant gives permission to use photos in which he or she may appear at this activity, for publicity purposes. All photos remain the property of the TCSD.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby consent to the participation of my (son/daughter) (name) \_\_\_\_\_ in the above-described activity and specifically acknowledge and to all the provisions of the waiver set forth above.

Parent or legal guardian \_\_\_\_\_ Date: \_\_\_\_\_ (Required if the Participant is under the age of 18)

**Refund and Cancellation Policy**  
 When registration is below the class minimum, the Templeton Recreation Department (TRD) reserves the right to cancel the class with participants receiving a full refund. Refund requests must be completed 30 days prior to the date of the class. No refunds will be given for cancellation less than 30 days before the class unless the spot can be filled.