



CITY OF STOCKTON COMMUNITY SERVICES DEPARTMENT, RECREATION  
**PROGRAM REGISTRATION FORM**

Only members of the immediate family may be registered on this form. Registration is on a first come, first served basis at the Community Services Department, Recreation office (bring form to office for registration confirmation; some programs and locations fill up quickly). **Mail before deadline or start of program to:** Community Services Department, Recreation, 605 N. El Dorado St. Stockton, CA 95202, **Attention: CLASS, CAMPS, SPORTS** (choose one or indicate other program name)

<b>NAME OF PARENT/GUARDIAN OR ADULT PARTICIPANT (please print or type below):</b>		<b>OFFICE USE ONLY:</b> RECEIPT# AND AMOUNT:
LAST	FIRST	
ADDRESS	CITY ZIP	PLAYER/CLASS FEE: \$
PHONE: HOME	WORK	
E-MAIL ADDRESS	CAN WE SEND YOU INFORMATIONAL E-MAILS? YES NO (CIRCLE ONE)	DATE RECEIVED:
*WHEN PAYING BY CHECK, INCLUDE: DRIVER'S LICENSE # DO NOT INCLUDE CASH	DL EXPIRATION DATE	
1. PARTICIPANT'S NAME & BIRTHDAY (UNDER 18 YRS.)	START DATE	LEVEL OR AGE
COURSE OR SPORT NAME	LOCATION	FEE
2. PARTICIPANT'S NAME & BIRTHDAY (UNDER 18 YRS.)	START DATE	LEVEL OR AGE
COURSE OR SPORT NAME	LOCATION	FEE
3. PARTICIPANT'S NAME & BIRTHDAY (UNDER 18 YRS.)	START DATE	LEVEL OR AGE
COURSE OR SPORT NAME	LOCATION	FEE
4. PARTICIPANT'S NAME & BIRTHDAY (UNDER 18 YRS.)	START DATE	LEVEL OR AGE
COURSE OR SPORT NAME	LOCATION	FEE
TEAM NAME	TOTAL FEES:	
(CIRCLE APPROPRIATE AREAS) MEN'S      WOMEN'S      CO-ED      CHURCH      FAST PITCH BASKETBALL      VOLLEYBALL      NIGHT OF PLAY:      M TU W TH F		LEAGUE
IS PARTICIPANT ALLERGIC TO MEDICATIONS OR FOODS? YES NO      PLEASE LIST ALLERGIES OR MEDICAL CONDITIONS:		DIVISION
PARTICIPANTS MUST BE ABLE TO MONITOR AND ADMINISTER THEIR OWN MEDICATIONS. IS PARTICIPANT TAKING ANY MEDICATION? YES NO IF TAKING MEDICINE, PLEASE LIST: _____ REASON FOR MEDICATION: _____ TIME/DOSAGE: _____		
INSURANCE CARRIER: _____ I.D. #: _____		
PLEASE LIST PERSONS AUTHORIZED TO SIGN YOUR CHILD IN AND OUT OF CAMP		
1. NAME: _____		RELATIONSHIP: _____
2. NAME: _____		RELATIONSHIP: _____
3. NAME: _____		RELATIONSHIP: _____
THIS CONTRACT/REGISTRATION DOES NOT COVER ANY MEDICAL EXPENSES FOR INJURY FROM PARTICIPATION IN SAID ACTIVITY OR SPORT. <b>PLEASE READ AND SIGN:</b> I understand and agree to abide by the operation rules as set down by the Stockton Parks and Recreation Commission. I further agree to hold the Stockton Parks and Recreation Commission, its members, officers, operation committees thereof, the City of Stockton, County of San Joaquin; Stockton, Lincoln, Manteca and Lodi Unified School Districts, San Joaquin Delta College, the Amateur Softball Association, its agents and umpires, the sponsor and manager, instructor, team members and participants, free and harmless from any and all liability whatsoever arising from the performance of this contract/registration. My signature authorizes the department to use a photograph or similar likeness or image of me or the child named above in any future advertisement or promotion of the City of Stockton Community Services Department, Recreation.		
PARTICIPANT'S SIGNATURE, OR IF UNDER 18 YEARS, SIGNATURE OF PARENT/GUARDIAN:		DATE

**PLEASE NOTE: APPLICATION WILL NOT BE ACCEPTED WITHOUT A SIGNATURE (PLEASE SIGN ABOVE)**  
**Doc#70815**