Registration Form	City of / Recreati		nity Services	1249 Mar Albany, C	in Avenue A 94706		) 528-891 ) 52%-928	A) FAX 33 PHONE	
Family Account Setup (List family members) Last Name			First Name		Gende Birthdate (M/F)				
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Payment Method	ethod Check			☐ Cash ☐ Credit					
(	Payable to Ci	ty of Albany)		Name	on Card	* 		***************************************	
Card #	,	Ехр	iresS	ignature	***************************************			,	
Billing Address			-	State		ZII	P Code		
Refund Policy			ls will not l	oe granted					
Refunds requested prior to the firs meeting:  Four (4) business days or mo. Payee will be refunded less a administrative fee.  If the payee chooses to trans class/camp or apply a credit, the \$10 fee will be waived.	re: \$10 fer to another to their account,	• Pa tra • If cla the	ree (3) business da yee will be refunde tive fee plus a \$20 the payee chooses ss/camp or apply a \$10 administrativ	d less \$30 (\$10 ad late fee). to transfer to and credit to their acc	Iminis- Ci Rether 12 Count, Al d, or by	ity of Albany ecreation and 249 Marin Ave lbany, CA 947	I Community enue 706 528-8914, o	e in writing to:  P Services  Or by email to  Or by email to	

Liability Release: I AGREE to assume the risk of accident or injury . sustained from whatever cause in connection with the activity, and release the City of Albany; its officers, agents and employees from any and all liability for any such accident or injury caused by whatever reason, including but not limited to an act of omission. I understand that no medical insurance is provided.

Photo Release: I acknowledge that the City of Albany takes photographs and videotapes of its activities and events for publicity purposes and authorize the use of my image or my child's image by the City for such purpos I understand I will not be compensated for use of photos or videos.