Registration Form	City of Albany Recreation & Community Services			1249 Marin Avenue Albany, CA 94706		(510) 528-8914 FAX (510) 524-9283 PHONE	
Family Account Setup (List family members) Last Name		s)	First Name		Gender ate (M/F)	Work/Cell Phone Number	
PRIMARY (ADULT) CONTACT						( )	
LIST ALL FAMILY MEMBERS WHO MAY PARTICIPATE NOW OR IN THE FUTURE						( )	
						( )	
						( )	
Address							
				Home Phone (			
Emergency Contact							
Activity Registration: Participant Name			Class/Cam	•	Dates	Time	Fee
						TOTAL FEES	\$
Payment Method (		eck ty of Albany)	☐ Cash		dit Card	MasterCard	VISA
Card #		Exp	ires Sig	gnature			
Billing Address				State		ZIP Code	
Refund Policy  Five (5) business days or mo  • Payee will be refunded less withdrawal fee.  Four (4) business days or fev  • Payee will receive a credit relate withdrawal fee.	a \$20 ver:	City o Recre 1249	d Requests must be of Albany eation and Communi Marin Avenue ny, CA 94706	Š	Refu withi first	n 1 busine class or ca	ot be granted ess day of imp meeting ss or camp

or by fax to (510) 528-8914, or by email to

recinfo@albanyca.org.

**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.

One (1) business days or fewer:

No refunds allowed.

**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 purposes. I understand I will not be compensated for use of photos or videos.

has started.