



San Carlos Adult Community Center
MEMBER REGISTRATION

650-802-4384



Needs Photo

Staff only:

Photo taken

Date: _____

PLEASE PRINT LEGIBLY

PLEASE PRINT LEGIBLY

Gender Identity _____

Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Emergency Information & Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Are you allergic to any medications, etc: _____

Medical issues/limitations: _____

Doctor's Name: _____ Phone: _____

Hospital: _____

Vehicle Make: _____ Model: _____ License: _____

Liability Waiver: I hereby absolve and hold harmless the City of San Carlos, the San Carlos School District (when District facilities are used or a program is co-sponsored), and the Parks and Recreation Foundation of San Carlos, their respective officers, employees, and instructors, from all injuries, (including risk of exposure to COVID-19 or other communicable diseases), claims, or liabilities that may result from my participation in the above activity. If participant is a minor, I give my consent to his/her participation. I am aware the activity may involve risk of injury and assume all risks for injuries received. Participants of virtual recreation classes acknowledge they are responsible for ensuring their environment is safe/free from obstruction and that any use of a third-party application (e.g. Zoom, Google Meet, etc.) at their own risk.
Photo/Video Release: I agree to the use of my photograph/video for City and/or Parks & Recreation Foundation publicity.

Signature: _____ Date: _____