

2009-2010 REGISTRATION FORM (ONE FORM PER CHILD)

ADDRESS: 1125 Jackson Street, Albany, CA 94706; TEL: 510-524-4926; FAX: 510-527-9934; EMAIL: uvrec@berkeley.edu;
 WEB: http://villagerecreation.berkeley.edu; OFFICE HOURS: Monday – Friday, 9am-5pm (closed 12-1pm)

PARTICIPANT INFORMATION: Is this your child's first time with University Village Recreation Program? YES NO

Child's Name _____ Age _____ Birthdate: _____ Sex: M F

Address _____ **CA** _____
 Street City ZIP

Parent / Guardian Name Home Phone Alt. Phone Email*
 1. _____
 2. _____

Yes, you may use my email to send me current and future information regarding programs.

PROGRAM INFORMATION

Program Name / Description	Session #	Day(s): Circle all that apply	Time(s)	Fee
		Su / Mo / Tu / W / Th / Fr / Sa		\$
		Su / Mo / Tu / W / Th / Fr / Sa		\$
		Su / Mo / Tu / W / Th / Fr / Sa		\$
Payment Types Accepted: Discover, MasterCard or Visa or Check / Money Order made payable to U C R E G E N T S .				TOTAL \$

OFFICE USE ONLY	
<input type="checkbox"/> NB <input type="checkbox"/> DB <input type="checkbox"/> WL	<input type="checkbox"/> In Person
<input type="checkbox"/> NB <input type="checkbox"/> DB <input type="checkbox"/> WL	<input type="checkbox"/> Mail
<input type="checkbox"/> NB <input type="checkbox"/> DB <input type="checkbox"/> WL	<input type="checkbox"/> Fax
Date Received	Date Confirmed

METHOD OF PAYMENT *

Refund Policy: There is a \$25 processing fee for withdrawals up to 14 days before program begins per transaction. No refunds for withdrawal after this time will be made. Fees will be returned in full for all canceled classes.
****Returned Check Policy:** A fee of \$25 is levied for all returned checks.

Initial	Date
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Check/Money Order** Ck # _____ Discover / MC / VISA _____ Exp. ____ / ____

EMERGENCY CONTACTS / INFORMATION (Please list two additional contacts.)

Contact Person	Telephone	Relationship
1. _____	_____	_____
2. _____	_____	_____

Physician Name _____ Physician Phone _____
 Insurance Provider _____ Policy # _____
 Dentist Name _____ Dentist Phone _____

Please list any allergies, physical, medical or emotional conditions (including Disabilities) _____

CLASS CHECK-OUT OPTIONS (PLEASE CHOOSE PLAN A OR PLAN B)

Plan A My child is allowed to leave class on his/her own at the end of his/her class.
 Plan B My child should be kept at class in the designated check-out area until one of the following people meets him/her there to sign the child out (please include parent's names, if applicable—additions or deletions may be made in writing on the first day of class):

Name _____ Name _____
 Name _____ Name _____

RELEASE

In consideration for my child's participation in the programs listed above to be operated at University Village facilities, a program sponsored, directed & supervised by the Village Recreation Staff &/or Volunteers, I understand that the University of California reserves the right to use, for publicity & advertising purposes, photographs of participants in the University Village Recreation Program.

Initial	Date
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AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize University of California, Berkeley Health Services or attending medical personnel as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code §2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code §1600 et. seq.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6910.

(I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code §6910, to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code §1283.

These authorizations shall remain effective until August 31, 2010, unless sooner revoked in writing delivered to said agent(s).

Parent/Guardian Name (Please Print) _____ Parent/Guardian Signature _____ Date _____

Participant's Name: _____

Please Print

UNIVERSITY OF CALIFORNIA,

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in

Hereinafter called "Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Activity.

Signature of Parent of Minor Date

Signature of Participant Date

Assumption of Risks: Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Activity I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent of Minor Date
Participant's Age (if minor) _____

Signature of Participant Date