

CITY OF BENICIA PARKS & COMMUNITY SERVICES DEPT.

5 Ways to Register

- 1. In Person** at the Benicia Community Center: 370 East L Street. Office hours are Mon-Fri 8:30am-5:00pm.
- 2. Drop Off** completed registration forms any time using the secure drop box at the Community Center, 370 East L Street. The drop box is located at the East 4th Street & East L Street by the deck area above the parking lot.
- 3. Fax** completed registrations forms with credit card information to (707) 747-8118.
- 4. Mail** completed registration forms with credit card information or check to:
Benicia Parks & Community Services
250 East L Street, Benicia CA 94510
- 5. On-Line** at <http://online.activenetwork.com/benicia> On-line registration requires a PIN #, please call our office before your first on-line registration. (707) 746-4285

REGISTRATION FORM

PARTICIPANT NAME	D.O.B.	CLASS	Course #	START DATE	TIME	FEE
CREDIT						
TOTAL						

Contact Name: _____

Address: _____

Street
City
Zip

Telephone:(Home) _____ (Work) _____

E-Mail Address: _____

Waiver of Liability: I, the undersigned, in consideration of participation in the program(s) listed above, agree to indemnify and hold harmless, and release, waive, and discharge the City of Benicia, its elected or appointed officers, officials, employees, agents and volunteers from and against any and all liability fro any injury or property damage which may be suffered by the above named participant(s) rising out of, or in any way connected with participation in the program(s), including injuries due to the active or passive negligence of the City, its officers, officials, employees, agents and volunteers. I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES AND PROPERTY DAMAGE SUFFERED. I UNDERSTAND THAT SEVERE INJURY OR DEATH CAN ARISE FROM PARTICIPATION IN THE AQUATICS PROGRAM. I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES AND PROPERTY DAMAGE SUFFERED.

- Check if new mailing address
 - Check here if you or your child has a special need or Disability
 - Enclosed is a check payable to **City of Benicia**
- Check # _____

Signature _____ Date _____

Charge Payments Only: MasterCard Visa

Card # _____ Expiration. Date: _____ Verification Code: _____

Authorized Signature: _____

* The Verification Code must be included on this registration form. It is the 3-digit number on the back of each credit card inside the signature box.