

# ACTIVITY REGISTRATION FORM

**CITY OF ANTIOCH**  
 Recreation Department  
 4703 Lone Tree Way  
 Antioch, CA 94531  
 (925) 776-3050

## Refund Policy—Please Read!

The City of Antioch will be happy to arrange a transfer to another class/activity or arrange a refund. Customer requested refunds or transfers may be requested in writing NO LATER THAN 5 business days prior to the first day of class. All refunds are subject to a \$7 service charge per activity unless class/activity is canceled by the City of Antioch Recreation Department. You will receive an email confirmation if your refund/transfer is approved. Refund policies may be different for swim lessons. Registrations made less than 5 business days prior to the beginning of the first class will not be subject to refunds.

You may also register with your credit card at [activenet.active.com/antiochrecreation](http://activenet.active.com/antiochrecreation)



**No Cash in Drop Box Please**  
**Faxed Registration Forms Are Not Accepted**

## REGISTRATION FORM (Limited to Family Members Only)

Adult Information (Please Print)

Antioch Resident  Non-Resident

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Participant Name	Date of Birth	Gender	Activity #	Activity Name	Class Start Date	Fee

Fee Assistance Program Donation: Funds youth in need to participate in classes and activities. **MY DONATION AMOUNT IS: \$**

*Please note: Personal checks being used for payment must be pre-printed with customer information.* **TOTAL FEES: \$**

Check if participant has Special Needs requiring special accommodations

### ASSUMPTION OF RISK, RELEASE, HOLD HARMLESS AND CONSENT TO MEDICAL TREATMENT AND PHOTOS.

On behalf of myself and any minor child named above, I acknowledge that I am (minor is) in good physical condition to participate in the activity but that accidents and injuries can arise from such participation. Knowing these risks and in consideration of acceptance of my application, I voluntarily desire to participate (have minor participate) in this activity and assume all risks and waive and release City and its officers, employees and agents from any claims or liability for personal injury (including death) or property damage arising from or connected with participation in the activity, even if the liability may arise out of negligence or carelessness of the City or its officers, employees and agents. I further agree to hold harmless, indemnify and defend the City and its officers, employees and agents, who through negligence or carelessness might otherwise be liable to me (or my heirs or assigns). In the event of injury or illness, I consent to and agree to be responsible for costs for transportation to a medical facility and whatever examination, procedure or treatment considered necessary by the medical personnel. This assumption of risk, release and hold harmless is binding on my heirs, dependents, executors, administrators, and assigns. I agree to abide by any rules and regulations for the activity. I give consent to the City of Antioch to photograph or video the participant for any legitimate purpose by the City or sponsors of this activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FORM MUST BE SIGNED TO PROCESS APPLICATION**

**HAVE FUN & MAKE NEW FRIENDS**  
**ASSIST WITH RECREATION PROGRAMS AND ACTIVITIES**  
**GIVE BACK TO YOUR COMMUNITY**

**JUNIOR RECREATION LEADERS**  
 SUMMER 2022  
 AGES 12-14

The Junior Recreation Leader Program is not affiliated with the Antioch Unified School District (AUSD) and the AUSD accepts no liability or responsibility for this program.

VISIT: [ANTIOCHCA.GOV/RECREATION](http://ANTIOCHCA.GOV/RECREATION)  
 EMAIL: [HPACHECO@ANTIOCHCA.GOV](mailto:HPACHECO@ANTIOCHCA.GOV)