

REGISTRATION FORM

Please Fill out form completely and Print Clearly!
Please include a current E-mail address. For an additional Registration Form, please go to: www.UnionCity.org

Participant's Last Name _____ Parent's Full Name _____

Address _____ Apt.# _____ City _____ Zip _____

Primary Phone # _____ Mobile Phone Carrier _____ E-mail _____

Participant's First Name	M/F	Birth Date	Activity Code 1st Choice	Activity Code 2nd Choice	Fee

I wish to make a donation to the Support Our Kids (SOK) Fund **(Please indicate amount):** \$ _____

Do participants live within New Haven Unified School District? **(Circle one):** Yes No

I hereby authorize the use of my credit card: Type of card **(Circle one):** Master Card Visa Discover Cards
(We do not accept American Express)

Please provide all of the following information if you are paying by credit card. If you do not fill it out completely, we may not be able to register the participant in the program you are trying to register for. If you have any questions, please contact any of our centers.

Name on Card _____ Card number _____ Expiration date _____ (CID) Number _____

Billing Address (If different from above) _____ City _____ State _____ Zip Code _____

I the undersigned, agree to indemnify and hold harmless the City of Union City from any loss or liability which is alleged to have resulted from my participation in this program. I have read and understand the activity description listed in the Union City Community & Recreation Services Department Activity Guide, and I comprehend all the risks involved by participating in that activity. I hereby give my dependents permission to participate in the activities indicated and absolve the City of Union City, its employees, volunteers, contractors and officers from liability. I also grant full permission to any and all of the foregoing to use my name and any photographs, videos, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me. I understand that no refunds or transfers will be given on or after the first class.

Signature _____ Date _____ Please Circle One
Parent • Guardian • Participant

Do you have any special needs that require specific accommodations so you can fully enjoy one of our classes or facilities?

YES, I have special needs that might require special accommodations. If yes, please call 675-5495 for more information.

For Office Use Only Processed By _____ Date _____

Cash Check # _____ Credit Card _____ Used Credit Class _____

REGISTER ONLINE WITH REC1

- Manage your own accounts and make changes.
- Automatic texts or emails if classes are cancelled/changed.
- Improved communication with course instructors and staff.
- Import events to calendars using smart phones and tablets.
- View availability online of select facilities.
- Complete waivers and other additional forms online.
- Easy online registration, 24/7 with no added fees.

