

Lake Cunningham Regional Park Boating Class Registration Form

Name (Student) _____

Address _____

City/Zip _____

Phone (Home) _____

Pager/Cell Phone _____

E-Mail _____

Name (Parent) _____

SAME AS STUDENT

Address _____

City/Zip _____

Phone (Home) _____

Pager/Cell Phone _____

E-Mail _____

Class Dates _____ Time _____

Date of Birth _____ Age _____ Returning Student (Yes / No) If Yes, Year Last Participated _____

Payment Information (please check one) : Cash Check Credit

Payments: **PLEASE CONDUCT ALL PAYMENTS AT PARK OFFICE.** *Refunds may take up to six weeks to process.*

For Office Use: Paid On: _____ Paid By: Cash Check Visa MasterCard Discover
Receipt #: _____

Medical Authorization

Physicians Name _____ Phone _____

Kaiser Member (Yes / No) If yes, member # _____

Address _____ City / Zip _____

Preferred Hospital _____

Dentist _____ Phone _____

Dental Plan _____ Plan # _____

Address _____ City / Zip _____

In case of an emergency when parents / guardians cannot be reached,

please contact _____ *phone #* _____
(Name / Relation)

In case of an emergency, if the physician / dentist above cannot be reached,

I hereby authorize _____ *to be treated by another available physician / dentist.*
(Print Students name)

(Signature of Participant or Parent / Guardian if under 18)

(Date)



**LAKE CUNNINGHAM REGIONAL PARK SAILING
AGREEMENT AND RELEASE OF LIABILITY**

I, _____, am / am not (circle one) at least 18 years old. I voluntarily have applied to participate in the Sailing Program at Lake Cunningham Regional Park.

I am aware that sailing is a hazardous activity. I understand that the hazards of sailing include, but are not limited to, injury or death from drowning. I am voluntarily participating in the activities at Lake Cunningham Regional Park with the knowledge of the danger(s) involved and agree to accept any risk of injury or death. (PLEASE INITIAL HERE)_____.

In consideration of my participation in the Sailing Program, I agree that I, my heirs, spouse, guardians, legal representatives and assigns from the negligence or other acts by the City of San Jose, its officers, agents or employees, as a result of my participation in the Sailing Program. This agreement and Release of Liability are intended to be binding upon any heirs, guardians, legal representatives and assigns.

I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY.

Sailing Program Participant

Date

UNDER 18 YEARS OF AGE

I, _____, (PARENT/ GUARDIAN) HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I HAVE EXPLAINED THIS DOCUMENT TO MY CHILD/ WARD. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY.

Parent/ Guardian

Date