

REGISTRATION FORM

EL DORADO HILLS COMMUNITY SERVICES DISTRICT - PROGRAM REGISTRATION FORM

Mail form with payment to: EDHCSD, 1021 Harvard Way, El Dorado Hills, CA 95762 • Phone (916) 933-6624 Fax (916) 941-1627 www.edhcsd.org

Participants Name: _____ Male/Female _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Home Phone: _____ Work Phone _____ Cell Phone _____
 Parent Guardian(s) _____ E-mail Address _____
 Emergency Contact _____ Phone # _____

CLASS NAME	CODE	MONTH/DATES	DAY	TIME	FEE

Grade _____ Circle T-Shirt size: Youth: S M L Adult: S M L XL

This constitutes application and consent that the above named individual participate in the recreation program sponsored by the El Dorado Hills Community Services District. I/We understand and acknowledge that the recreation program may involve risk of injury to participants from bodily contact with other participants and/or other risks inherent in the activity and that the District has no medical insurance resulting from such recreation activity. The undersigned further agrees that the District will not be held responsible for any such accidental injuries, not involving fault or negligence of the District. I/We authorize and consent to such emergency medical care and treatment prescribed by a duly licensed physician as the physician deems advisable, and the undersigned will be responsible for the costs of any such medical care or treatment.

Participant's Signature _____ Date _____
 (Parent Signature if participant is a minor)

Received \$ _____ Employee Signature _____ Date _____

Cash _____ Money Order _____ Check # _____

Visa/MC # _____ Exp Date _____ Auth.# _____

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