

Participant's Last Name _____ Parent's Full Name _____
 Address _____ Apt.# _____ Day Phone _____
 City _____ Zip Code _____ Home Phone _____
 Email Address _____ Fax Number _____

Participant's First Name	M/F	Birthdate	Activity Code 1st choice	Activity Code 2nd choice	Fee

You may Register online at www.UnionCity.org

I wish to make a donation to the Support Our Kids (SOK) Fund: _____ Yes No
 For refund make check payable to: _____ Do participants live within New Haven Unified School District? Yes No

I hereby authorize the use of my credit card: Type of card (circle one): Mastercard, 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 (month/year) _____ / _____

Credit Card Verification Number (CID) _____

Visa and Mastercard: The CID number is the last 3 digits of the number shown in the signature box on the back of your card.

Billing address: _____

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 Leisure 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, videographs, 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 _____ Parent Guardian Participant

DATE _____

Do you have any special needs that require specific accommodations so you can fully enjoy one of our classes or facilities? If yes, please call 675-5329 for more information.

YES, I have special needs that might require special accommodations.

For Office Use Only

_____ Cash Check # _____ Credit Card Processed _____ Processed by _____ Date _____ Class _____

REGISTRATION DATES

Winter & Spring 2010

- Online Registration starts, Nov 27
- Mail-in begins Nov 27
- Walk-in registration Jan 5, 2010
- Winter classes begin Jan 11, 2010
- Winter classes end March 21, 2010
- Spring classes begin March 29, 2010
- Spring classes end June 13, 2010

Holidays:

- Jan 18, 2010 (MLK Jr. Day)
- Feb 15, 2010 (Presidents Day)
- May 31 (Memorial Day)

HOW TO REGISTER

- 1) Locate the code number of the activity for which you wish to register. Select a second choice in case the first activity is full.
- 2) Fill out the registration form completely. Print clearly and include a signature.
- 3) Make check payable to the City of Union City or fill in the information to use your credit card (Visa or Mastercard). Please include the Verification Numbers, CID, on the back of your card. Minimum of \$25.00.
 - 3a) To register by fax, fill out credit card information with a return fax # if you want a confirmation.

You may Register online at www.UnionCity.org

Mail To:

Union City Leisure Services Registration,
 34009 Alvarado-Niles Rd, Union City, CA 94587
(No walk-in registration will be accepted at this address.)

Fax:

Holly Community Center • (510) 471-6878
 Kennedy Community Center • (510) 429-6730
 Ruggieri Senior Center • (510) 477-0317 • UC Sports Center • (510) 489-8620
 Note: Faxed registration confirmations will be re-faxed to you.
 Make sure to include your fax number.

4) Enclose a legal size, self-addressed, stamped envelope if mailing in your registration. Confirmation will be sent within three weeks. You will not receive confirmation unless a self-addressed, stamped envelope is included.

REFUND POLICY

- No refunds or transfers will be given on or after the first class.
- For refunds or transfers there is a \$10.00 charge. The refund or transfer must be requested at least one working day prior to the first class meeting (Friday for Monday classes). Note: Day Camp and Aquatics Programs have different refund policies. Please refer to Camp & Aquatics information.
- All refunds will be made payable by check to primary account contact and will be mailed to the address on file.