



# Activity Registration Form

Is this your first time registering for a SLRHS program?  Yes (complete all sections and sign)  No (if no, complete box 1 and sign)

1 Participant Information		Birthdate	Gender	Course #	Fee:
First & Last Name		mm/dd/yy	(circle)		
			M / F		
			M / F		
			M / F		
			M / F		
				<b>Total</b>	

2 Primary Household Contact				M	F
Last Name		First Name		Gender (Circle)	
Address		Apt. #	City	Zip	
( )	( )			/	/
Phone/Main	Cell	e-mail (required)		Birthdate (mm / dd / yy)	
	( )				
Emergency Contact Name		Phone	Relationship		

**3 Please answer the following optional questions:**

<p>Self-identify your race/ethnicity?</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> White Not Hispanic</p> <p><input type="checkbox"/> Two or more races</p> <p>_____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Decline to state</p>	<p>Check the primary language used in your household.</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Cantonese</p> <p><input type="checkbox"/> Filipino or Tagalog</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Mandarin</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Decline to state</p>	<p>How many people live in your household? _____</p> <p>Please check your annual household income group.</p> <p><input type="checkbox"/> \$0 - \$41,000</p> <p><input type="checkbox"/> \$41,001-\$62,000</p> <p><input type="checkbox"/> \$62,001-\$74,000</p> <p><input type="checkbox"/> \$74,001-\$95,000</p> <p><input type="checkbox"/> \$95,001-\$123,000</p> <p><input type="checkbox"/> \$123,001- \$148,000</p> <p><input type="checkbox"/> \$148,000 +</p> <p><input type="checkbox"/> Decline to state</p>
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**Release of Liability:** I, the undersigned, in consideration of participation in the program(s) listed above, agree to indemnify and hold the City of San Leandro harmless, and release the City and its employees and agents from any and all liability for any injury or loss which may be suffered by the above named individual(s) arising out of or in any way connected with participation in the above program(s). I acknowledge that San Leandro takes photographs or other recordings of its activities and events for publicity and authorize the use of my image by the City.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Registrant's signature (Parent or guardian if under 18 years of age)

# Payment Information

Amount enclosed: \$ \_\_\_\_\_

Check #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
(make checks payable to City of San Leandro)

Cash: (in person only)

Credit: (online at [www.sanleandrorec.org](http://www.sanleandrorec.org) or in person only)

## Your satisfaction is important to us!

If you are not satisfied with our program, please notify customer service prior to the second class meeting at 510-577-3462.  
Some programs incur costs before the first day of the program and refunds will be minus those costs.  
Exceptions: Refunds for cancellation of Aquatics programs will only be offered up until 7 days prior to the first class.

### General Information

- Customer service is here to help you. Direct any questions to our staff at 510-577-3462
- You must pre-register for all classes
- Make checks payable to the *City of San Leandro*
- There is a \$25 fee for returned checks
- Classes not reaching minimum enrollment requirements will be cancelled and enrollment fee refunded
- Registration with incomplete forms or incorrect payment will be returned
- Fees are noted as:  
(R) for San Leandro resident (incorporated area)  
(N) for non-residents of the City of San Leandro\*

**Course fees are not prorated due to late enrollment, holidays or absences.**

### CUSTOMER SERVICE HOURS

#### Marina Community Center (MCC)

Mon – Fri • 11:30am – 7:00pm

Sat • 10:00am – 2:00pm

#### Senior Community Center (SCC)

Mon – Fri • 8:30am – 5:00pm

### Email Address

Your email address is required when registering for classes. Your email address will be used to contact you with updates, bulletins and special event notices. We will not sell or share your address. You will always have the option to opt out of our email list.

### REC Link Program/Senior Subsidy

The purpose of this program is to provide financial assistance to families/individuals in need so they can participate in recreational programs.

#### Program Eligibility Requirements:

- REC Link participants must be 17 years old or younger
- Senior Subsidy participants must be age 50 and older
- Must be a San Leandro resident (incorporated area)
- Household verified income must meet guidelines established by the U.S. Department of Housing and Urban Development
- Applications are available at Customer Service locations

\*City of San Leandro non-residents: Customers living in the unincorporated area of San Leandro do not pay taxes to the City of San Leandro, therefore are charged the non-resident rate.

**Please submit this form together with payment to one of our Customer Service locations or mail to:  
Activity Registration, San Leandro Recreation and Human Services, 13909 E. 14<sup>th</sup> Street, San Leandro, CA 94578**