



City of Brentwood Registration Form

Please Note: Most Youth Sports registrations will require a shirt size. Class registrations DO NOT.

Adult Responsible for the Account

Return Fax to: (925) 516-5445

Last Name: _____ First Name: _____

Address: _____ Date of Birth: _____

City: _____ Zip: _____

Primary Phone: _____ Email Address: _____

(Required for fax or mail-in registration confirmation)

Emergency Contact Name: _____ Emergency Contact Phone: _____

How did you first hear about our classes, leagues, and/or programs: Activities Guide Website Friend/Family Newspaper

Other (please specify): _____

Participant's Name	M/F	DOB	Activity Name	Class # (1 st Choice)	Shirt Size	Class # (2nd Choice)	Shirt Size	Fee
Total								_____

Uniform Size Guide

Shirt Size
(Certain Sample sizes available in Parks & Recreation Office):

Biddy: YXS (2/4) YS (6/8) YM (10/12) YL (14/16)
 Youth: YS (6/8) YM (10/12) YL (14/16)
 Adult: AS (34/36) AM (38/40) AL (42/44) AXL (46/48)

Volunteer Coaches Needed

Volunteer coaches are always in demand. Be a big part of your child's life; be a volunteer coach. Sign below and the Recreation Department/Biddy Sports Program will contact you with more information.

Name: _____

Phone: _____ **Coach Shirt Size:** _____

Method of Payment:

Check/Money Order (Make Payable to **City of Brentwood**, 35 Oak Street, Brentwood, CA 94513)

MasterCard VISA Discover **Credit Card #:** _____ - _____ - _____ - _____ **CVC#** _____

Expiration Date: _____ (Complete card #) (3-digit code)

Liability, Medical Consent, and other Terms of Participation

Indemnification. The Participant (or parent/guardian on behalf of participant) hereby voluntarily agrees to indemnify, defend, and hold harmless the City of Brentwood (City) and the Brentwood Union School District and Liberty Union High School District (Districts) and their officials, officers, employees, agents, and volunteers from any liability for property damage, injuries, or death resulting from or in any way connected with participation in the program. The Authorized Representatives and Participant do forever release and hold harmless the City and the Districts from all claims or rights of action for damage which Participant may incur as a consequence of the use of the Facility. This waiver and release is applicable except to the extent caused by the City's active negligence or willful misconduct.

Medical Consent. Participant hereby agrees to allow the City staff to consent to medical, surgical and dental examination, and to any treatment medical personnel deem necessary. It is understood that no health or accident insurance is provided by the City or the Districts. It is further understood that this Contract is binding on my heirs and assigns.

Equipment. I agree to return equipment issued to me in as good condition as when received, except for normal wear and tear.

Photo/Video Release. Authorized Representatives and Participant hereby agree that pictures or videos taken during the Facility rental may be used for future promotional purposes.

Acceptance. Either my signature below or the payment of fees and participation constitute acceptance of the conditions set forth above.

Signature: _____ Printed Name: _____ Date: _____

Name of Minor: _____ Check all that apply: Participant Parent Legal Guardian