



REGISTRATION DATES & INFORMATION

All RESIDENT registration received prior to May 5 will be randomly processed beginning on May 19. This allows all residents an equal opportunity to participate in our programs.

Non-resident registration will be processed beginning May 27.



MAIL, FAX & DROP-OFF REGISTRATION begins May 5, 2008.



WALK-IN REGISTRATION begins June 9, 2008 and is open to both residents and non-residents on a first come, first served basis.

Mail, drop-off or fax your completed registration form to the facility where you are registering for the class. All Addresses and fax numbers are located at the beginning of each class section.

1. Review Activity Guide & Select Your Classes

Please note class prerequisites such as age (as of the first day of class or activity), parental participation, additional fees, supplies or equipment you must provide.

2. Complete Registration Form

Please use ink to complete the form and PRINT legibly. Choose a second choice in the event your first choice is full.

Mail, fax, or drop-off your registration form to the Community Center where the class is located, unless otherwise noted. E-mail Registration will NOT be accepted.

3. Non-Resident Fees

A "Resident" shall mean any person who resides or owns real property within the city limits of San José.

Non-Residents of San José must pay an additional surcharge as follows:

Classes meeting six or more times:
\$27.00 per person/per class enrolled

Classes meeting five times or less:
\$8.00 per person/per class enrolled

4. Payment Options

- The City of San José accepts cash (exact change appreciated), personal checks, Visa, Master Card and Discover for all courses, special events, and rentals.
- Make checks payable to: City of San José. Please include a separate check for each person or activity.
- The City of San José will charge a processing fee for all checks returned by the maker's bank. The check return fee will be the current established City fee. As of July 2007 the fee is \$28. Participants may not be allowed to participate in any programs or activities or reserve facilities until the City receives full payment.
- When the class fee was paid by check, there is a 21-day waiting period before the refund will be processed. There may be a delay of up to 6 to 8 weeks for the refund to be mailed.
- Credit card refunds will be credited back to the original credit card account within one week of City's receipt of the refund request.

Fee Class Refund Policy

- Refund requests need to be made in writing, by phone, or in person at the PRNS facility where the class is held.
- Refunds will be given for each class cancellation received by the City at least 14 calendar days prior to the start of the programclass. No refunds will be made for cancellations received by the City less than 14 calendar days prior to the start of the programclass.
- There will be a \$10 processing fee for each cancellation request. It may not be possible to refund the class materials charged by the instructor.
- When the class fee was paid by check, there is a 21-day waiting period before the refund will be processed. There may be a delay of up to 6 to 8 weeks before the refund will be mailed.
- Credit card refunds will be credited back to the original credit card account within one week of City's receipt of the refund request.

5. Registration Procedures

All mailed, faxed or dropped-off registration will be treated in the same manner. You can mail, fax or drop off your registration anytime after May 5. Resident registration forms will be randomly processed starting May 19. Non-resident registration forms will be randomly processed starting May 27. Registration forms received after processing begins will be randomly processed with all other forms received that day. Walk in registration will begin on June 9 and is open to both residents and non-residents on a first come first served basis. Please note that many classes will fill prior to Walk-in registration. For more information, please call the center where you class will be held.

6. Mail or Fax

Please mail to the appropriate Community Center listed with the class information unless otherwise noted. For assistance please call 408-535-3570. If you fax, please do not also mail the Registration Form. You must include your credit card information on the faxed form for payment. The City is not responsible for lost/undelivered mail or illegible faxes.

7. Confirmation

If you enclosed a self-addressed stamped envelope, you will receive a confirmation in the mail approximately ten business days after we process your completed registration form.



Activity Registration Form

City of San José Department of Parks, Recreation & Neighborhood Services

Place Barcode Label Here

Check* Credit Card
* Make checks payable to City of San José

Cash WFS* DSC - VEX

Card Number: _____
 Type: _____
 Signature: _____
 Card issued to: _____

Expiration Date: _____
 Month: _____ Year: _____

Ms. _____
 Mr. _____
 Mrs. _____

Parent /Legal Guardian
 Last Name _____
 First Name _____
 Address _____
 City _____ Zip+4 Code _____

Main Phone _____ Area Code _____ Number _____
 Other phone _____ Area Code _____ Number _____
 Apt. No. _____

Email address _____
 Alternate Contact Name _____
 Relationship _____ Area Code _____ Number _____

Participant Last Name	First Name	Age	Gender	Birthdate	First Choice		Second Choice	
					Course Title	Course Number	Course Title	Course Number
#1			M	/ /				
#2			M	/ /				
#3			M	/ /				
#4			M	/ /				

For Camp Participants Only
 Child Shirt Size (Check one)
 Child M (14-16) Adult M
 Adult S Adult L Adult XL

Activity Guide Subscription
 Non-resident Fee **\$27 per class**
 Total Fees _____

Help Us Help Others - Youth Activities Grant Fund Donation Enter amount here: _____
 Citywide Activity Guide Subscriptions now available for \$10 per year.

Special Accommodations: City of San José Department of Parks, Recreation and Neighborhood Services welcomes individuals with disabilities into programs. Please indicate participant, any medical problems, and describe any accommodations needed for successful inclusion in the program(s). (Allergies food/medicine/environment, medical conditions, medications, etc.).

Name: _____
 Special Accommodations: _____

Liability Release (Must be signed by participant or if under 18, parent or legal guardian.)
 The undersigned has read the PRNS policies and procedures set forth within, in consideration of participation in the enrolled class(es), agrees to indemnify and hold the City of San José harmless, and release the City of San José from any and all liability for any injury which may be suffered by the above named individual(s) registered in the class arising out of or in any way connected with participation in the class except as arises out of the sole willful act or sole active negligence of the City of San José, its officers, agents or employees. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT ASSUME ALL RISKS FOR INJURY RECEIVED.

Signature: _____
 I understand that the City of San José may photograph or videotape the events or activities in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of San José and its services/programs or for educational purposes. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness. Permission is not required to participate in City events.

Signature: _____
 Date: _____

You are enrolled in the following classes:

<input type="checkbox"/> Class Cancelled <input type="checkbox"/> Class Full <input type="checkbox"/> Waiting List	<input type="checkbox"/> Class Cancelled <input type="checkbox"/> Class Full <input type="checkbox"/> Waiting List
Class #1	Class #2
<input type="checkbox"/> Class Cancelled <input type="checkbox"/> Class Full <input type="checkbox"/> Waiting List	<input type="checkbox"/> Class Cancelled <input type="checkbox"/> Class Full <input type="checkbox"/> Waiting List
Class #3	Class #4

Refunds
 Class# _____ Amount\$ _____ Date: _____
 Class# _____ Amount\$ _____ Date: _____

METHOD OF PAYMENT
 Cash Check # _____
 Credit Card Check # _____
 Date Processed: _____ Batch # _____
 Date Receipt Mailed to Patron: _____ Ref # _____
Staff Signature: _____
Location: _____
 Total Fee _____ Total Received _____