

Arts Education Program Registration Form

NEW CUSTOMER!

RETURNING CUSTOMER

YES! I'd like to receive promotional Emails & class notifications



ADULT / PARENT OR GUARDIAN INFORMATION

LAST NAME		FIRST NAME		BIRTH DATE	
STREET ADDRESS			CITY		ZIP
PREFERRED PHONE		ALTERNATE PHONE		EMAIL	

ACTIVITY REGISTRATION FOR PARTICIPANT(S)

LAST NAME / FIRST NAME	BIRTH DATE	SEX		NAME OF ACTIVITY	CLASS #	FEE \$
		M	F			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
TOTAL						

To assure our programs benefit all who attend, please check box here if ANY participant has special needs requiring special accommodations.

I hereby agree to indemnify and hold harmless the City of Tracy, its officers and employees, and any community organization co-sponsoring the program from and against any and all liability for any injury which may be suffered by me or my child, arising out of or in any way connected with participation in the program named above. My signature below indicates that I am aware of and understand how this program will be conducted. I understand that a refund/credit will not be issued unless requested no later than 5 business days prior to the first day of the activity. I understand that unless otherwise notified, the City of Tracy reserves the right to utilize photos and/or quotes of program participants for the specific purpose of promoting their programs and facilities.

SIGNATURE _____ DATE _____

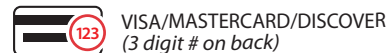
Total Amount Enclosed: _____ Payment Type: Credit Cash Check Other

Please charge my: VISA MasterCard American Express Discover

Mail check payable to: CITY OF TRACY

Card # _____ Exp: _____ CVV #: _____

Name as it appears on card: _____



Cardholder's Signature _____



WALK-IN

Grand Theatre Center for the Arts
715 Central Avenue
Mon – Thurs 8 am – 6 pm
& every other Friday 8 am – 5 pm
(Excluding holidays)

MAIL-IN

Mail your registration form & non-cash payment to:
Grand Theatre Center for the Arts
ATTN: Program Registration
715 Central Avenue
Tracy, CA 95376

REGISTER NOW!

Create account & register online at:
tracyartsandrec.com or call 209-831-6858

FAX your completed registration form with valid credit card information to: 209-831-6271

ADDENDUM TO CITY OF TRACY REGISTRATION FORM AND ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATED TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, is a respiratory disease caused by the SARS-CoV-2 virus. COVID-19 is highly contagious and is spread mainly among people who are in close contact (within about 6 feet). The City of Tracy cannot guarantee that you or your child(ren) will not become infected with COVID-19 through your or your child(ren)'s participation in the City of Tracy program. Further, attending any program may increase your, or your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk for any and all loss, bodily injury, illness, death, or property damage caused by or arising from my or my child(ren)'s participation in the City of Tracy program.

Further, I understand that the symptoms of COVID-19 may include:

- Fever,
- Cough,
- Shortness of breath,
- Chills,
- Repeated shaking with chills,
- Muscle pain,
- Headache,
- Sore throat,
- New loss of taste or smell.

I agree that if I or my child(ren) experiences any one of the above-symptoms, I or my child(ren) may not, and will not participate in the City of Tracy program.

I hereby release, waive, and discharge, and hold harmless the City of Tracy, its employees, volunteers, agents, representatives, and partners from all liability, claims, actions, demands, damages, costs or expenses of any kind arising out of or relating to my or my child(ren)'s participation in the City of Tracy program. I understand and agree that this release includes any liability, claims, actions, demands, damages, costs or expenses of any kind based on the actions, omissions, or negligence of the City of Tracy, its employees, agents, representatives, and partners whether a COVID-19 infection occurs before, during or after participation in any City of Tracy program.

I have read and voluntarily sign this waiver, release of liability, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

PARENT/GUARDIAN/PARTICIPANT SIGNATURE

DATE