

2025 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
PHONE		ALTERNATE EMERGENCY PHONE		EMAIL	

ACTIVITY REGISTRATION FOR PARTICIPANT(S)

LAST NAME / FIRST NAME	BIRTH DATE Month/Day/Year	SEX M F	NAME OF ACTIVITY	CLASS #	FEE \$
SMITH, JOE (EXAMPLE)	05/10/18	<input checked="" type="radio"/> <input type="radio"/>	GOLF FOR BEGINNERS	16589	\$60
		<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"/>			

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

Shirt size _____ (If applicable)
Ex. Youth Small or Adult Small

TOTAL \$

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

*Mail check payable
to: CITY OF TRACY*

Card # _____ Exp: _____ / _____ CVV #: _____

Name as it appears on card: _____



VISA/MASTERCARD/DISCOVER
(3 digit # on back)

Cardholder's Signature _____



WALK-IN
City Hall
333 Civic Center Plaza
Mon-Thur 8am - 6pm
& every other Friday
8am - 5pm
(Excluding holidays)

MAIL-IN
Mail your registration form &
non-cash payment to:
Parks & Recreation Department
ATTN: Program Registration
333 Civic Center Plaza Tracy,
CA 95376

REGISTER NOW!
Create account & register online at:
tracyartsandrec.com or call 831-6202

FAX your completed registration
form with valid credit card information
to: 209-831-6218