



**City of El Centro • Community Services Department • Parks & Recreation Division  
Adult Center Program Registration Form**

- |   |  |                                     |  |                                 |
|---|--|-------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Tai Chi            | <input type="checkbox"/> Zumba Gold          | <input type="checkbox"/> Chair Yoga | <input type="checkbox"/> Cardio Drumming |                                 |
| <input type="checkbox"/> Jewelry Program    | <input type="checkbox"/> Arts & Crafts       | <input type="checkbox"/> Bingo      | <input type="checkbox"/> Crochet         | <input type="checkbox"/> Guitar |
| <input type="checkbox"/> Book Club -English | <input type="checkbox"/> Book Club – Spanish | <input type="checkbox"/> Loteria    | <input type="checkbox"/> Pilates         |                                 |

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Medication: \_\_\_\_\_

House Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE**

I hereby agree to participate in the City of El Centro Adult Center Program, I hereby agree to indemnify and hold harmless the City of El Centro and its officers, agents, employees, or volunteers from any liability which may occur in connection with these requests. I understand I will be under general supervision of responsible adult supervision during this program. I hereby authorize emergency treatment to be given if needed by competent medical personnel.

City of El Centro has my permission, (both during and anytime after), to use likeness, name, voice, pictures, words in either television, radio, films, newspaper, magazines and other media, and in any form, for the purpose of advertising or communication the purposes and activities of City of El Centro Community Service Department.

COVID-19 Certification: By signing this sheet, I also represent that, I do not have COVID-19 and, within the previous fourteen (14) days I have not had any illness or symptoms of illness, including but not limited to fever, cough, or shortness of breath. I/we agree that the City may take and record my/our temperature before I am allowed entry to this facility.

**I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREE NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND I SIGN IT ON MY OWN FREE WILL**

**REFUNDS & TRANSFERS AGREEMENT**

Refunds are not issued unless classes are cancelled. Any refunds will be processed and mailed approximately 4-8 weeks after classes begin. Transfers and/or credits may be approved under certain limited conditions.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Amount: \_\_\_\_\_ Program: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_