Registration

4 Easy Ways to Register . . .

REC CONNECT INTERNET REGISTRATION www.RecConnect.net
Internet Registration Begins: Tuesday, August 19, 9:00am for San Carlos Residents Only
Tuesday, August 26, 9:00am for Non-Residents
Call 802-4382 to receive PIN and barcode. Some classes may not be available via internet due to special registration procedures, fee or age structures, or pre-requisites.

MAIL-IN Parks & Recreation Registration, 1001 Chestnut Street, San Carlos, CA 94070
Registration Processing Begins: Tuesday, August 19, for San Carlos Residents Only
Tuesday August 26, for Non-Residents

FAX-IN 24 hours a day, using Visa or MasterCard to (650) 595-6708
Registration Processing Begins: Tuesday, August 19, for San Carlos Residents Only
Tuesday, August 26, for Non-Residents

DROP-OFF At the Recreation Office, 1001 Chestnut Street, San Carlos
Registration Processing Begins: Tuesday, August 19, for San Carlos Residents Only
Tuesday, August 26, for Non-Residents

All RESIDENT registration (mail, fax, or drop-off) received prior to the registration start date will be held and processed randomly beginning August 19.

Registration Office Hours

Monday through Friday, 8:30am-5:00pm. Call 802-4382 for information on registration, classes, special events, rentals, and activities.

Refund/Credit Policy

If you withdraw from a class at least three or more working days before the class begins, a class credit or refund less $5 processing fee will be issued. Special policies apply for Youth/Adult Trips, REI classes, Summer Adventure Camps, and San Carlos Children's Theater Productions and Events. Full refunds are given for classes canceled by the Recreation Department.

CREDITS OF $10 OR LESS MUST BE USED BY DECEMBER 31ST.

REGISTRATION FORM

Make check payable to: CITY OF SAN CARLOS
Mail to: Parks & Recreation Department
1001 Chestnut Street, San Carlos, CA 94070
Fax to: (650) 595-6708

☐ Please contact me about my need for disabled services.

☐ Visa ☐ MasterCard
Card Number: _____
Expiration Date: _____
Signature: _____
Cardholder's Name (print): _____

Adult Last Name: _____ First: _____

Address: _____ City: _____ Zip: _____

Main Phone: _____ Alternate Phone: _____ Emergency: _____

E-mail: _____ (For receipts, news, updates, etc.)

Course #	Participant's Name (First and Last)	Date of Birth	Program Title	Fee

Yes! I wish to donate to the Parks and Recreation Foundation of San Carlos:

Endowment Fund. . . . . $	
Recreation Scholarship Fund . . . . . $	
TOTAL $	

I hereby absolve and hold harmless the City of San Carlos, the San Carlos Elementary School District (when District facilities are used or a program is co-sponsored), and the Parks and Recreation Foundation of San Carlos, their respective officers, employees, and instructors, from all injuries, claims, or liabilities that may result from my participation or my minor child's participation in the above activities. If the above participant is a minor, I give my consent to his/her participation. I am aware the activity may involve risk of injury and assume all risks for injuries received. I agree to the use of my name and/or photo for City and/or Parks and Recreation Foundation publicity.

Participant Signature: _____ Date: _____
(Parent/Guardian if participant is under 18)