

**The City of Belmont**  
**Department of Parks & Recreation**

# RALSTON MIDDLE SCHOOL

# 2011-2012 WINTER SPORTS

**RALSTON MIDDLE SCHOOL**  
**2675 RALSTON AVE**



**Basketball— \$155**



**MAKE ALL CHECKS PAYABLE TO:**  
**“The City of Belmont”**

**For further information contact John Masters at 637-4880.**

**Activity Registration Form**

Belmont Parks and Recreation Department  
 30 Twin Pines Lane, Belmont, CA 94002  
 Phone 595-7441, Fax 595-7419

**Payee Information (Person paying for Registration)**

Name: \_\_\_\_\_ Gender (circle) M F  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**IT'S EASY TO USE YOUR CREDIT CARD!**

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Visa MasterCard

Cardholder Name (Print) \_\_\_\_\_

Date Paid \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

I hereby absolve the City of Belmont, its employees, independent contractors and officers from all liability that may arise as a result of my participation in the activities below, and in the event that the below-named participant is a minor, I hereby give my permission for his/her participation as indicated and in so doing, absolve the City of Belmont, its employees, independent contractors, from such liability. I/We agree to allow use of my/our photograph(s) for program publicity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Self  Parent  Guardian

PARTICIPANT'S NAME First & Last	Date of Birth (mm/dd/yy)	Gender (Circle)	CLASS NAME	CLASS # 1st Choice	CLASS # 2nd Choice	RES- FEE	Non-Res Fee	TOTAL FEES
		M F				\$	\$	
		M F				\$	\$	\$

Do you have any special needs that require specific accommodations so you can fully enjoy our classes or facilities?