

# 28<sup>th</sup> and B Skate Park Birthday Party

## Registration Form

City of Sacramento



5699 S. Land Park Dr., Sacramento, CA 95819  
Phone: (916) 808-5610 / Fax: (916) 808-7218  
E-mail: [Bellecooledgereservations@cityofsacramento.org](mailto:Bellecooledgereservations@cityofsacramento.org)

Have your child's Birthday celebration at the 28<sup>th</sup> and B Street Skate Park. Saturdays and Sundays only; times available 10:00 AM -12:00 noon. Fee's are \$100.00 minimum (Includes up to 10 participants) Addition youth (\$10.00 per child) can be paid for the day of the event at the Sk8 Park.

Payer Information		
Payer's Name:		Home Phone:
Address:	City:	Zip:
Email address:		
Parent's Name:		Home Phone:
Date of Birthday Party:		
Payment Information		
Amount Due:		Entered by:
Check or Money Order#:		Cash: _____
Visa/MasterCard #:		Expiration Date:
Verification Code (Last 3 digits on signature strip):		
Authorized Signature:		
Hold Harmless Agreement for Participation in City of Sacramento Programs		
<p>Hold Harmless Agreement: I understand that serious accidents occasionally occur during recreation programs. Knowing the risk and in consideration of being permitted to participate in City of Sacramento recreation programs, I agree to assume all risks connected therewith. I agree to release and discharge in advance the City of Sacramento, its officers, employees and agents from any and all liability for personal injury, death or property damage connected with my participation even though that liability may arise out of their negligence or carelessness. This release shall remain in effect until revoked in writing. I also assume full responsibility for the above child's behavior and agree to pay for all damages to property or person caused by the aforementioned. If a participant's behavior interferes with the program, I will be contacted. Further disciplinary problems may result in expulsion from the program.</p> <p>Permission for Medical Treatment: In case of an accident or injury, I authorize a staff member of the City of Sacramento to call the 911 emergency number. I give my consent to any medical treatment felt necessary by an attending physician for the physical well being of the child mentioned above. I further understand that the responding medical emergency team will provide emergency treatment as they deem necessary for the safety and protection of my child at my expense.</p>		
Signature		
Parent/Adult Signature:		Date:

