



REGISTRATION IS TAKEN AT BOTH OFFICES:

Wackford Community and Aquatic Complex:

Everyday:

8 am – 8 pm

phone: 405-5600

fax: 405-5659

9014 Bruceville Road

Elk Grove, CA 95758

Extended hours at this site

Parks Admin. Office:

M-F 8 am – 5 pm

phone: 405-5300

fax: 685-6942

9355 E. Stockton Blvd, Suite 185

Elk Grove, CA 95624

Swim for Fitness Auto-Pay

CSD offers an automatic charge system for your Visa, MasterCard, or Discover card. If you'd like to sign up for the automatic charge system, please fill out the information below and return it to any CSD Park and Recreation office location, and your credit card will be charged on the first business day of every month. Please ensure that your credit card does not expire for the duration of the class, activity, or program.



www.yourcsd.com



CSD Parks and Recreation, 9014 Bruceville Road, Elk Grove, CA 95758 • (916) 405-5600 • fax 405-5659

Auto Payment Enrollment Form

No confirmation will be sent.

Receipts are available in our offices.

Receipt # _____

Init.

Participant Name _____ Phone _____ (home) _____ (work) _____ (mobile)

Address _____ City _____ Zip _____

E-mail Address _____

Responsible Adult _____
(If participant is a minor)

Credit Card: VISA MasterCard Discover Card # _____

Name as it appears on card: _____ Expires (month/year) ____/____

CREDIT CARD AUTHORIZATION

By signing this form, I am giving permission for the CSD Parks and Recreation Department to charge a monthly recurring payment of \$35 to the credit card listed above on the first business day of each month. These recurring payments will be charged to my credit card until I wish to discontinue them. I am aware that if I wish to discontinue these automatic payments, I must complete and submit the Auto-Pay discontinuation form prior to the end of the month.

Signature of Cardholder _____ Date _____

HOLD HARMLESS AGREEMENT

The Cosumnes Community Services District, their officers and employees, and any co-sponsor of this activity are not responsible for any injury which may be suffered by the participant while traveling to, during, or returning from the activity designated in this notice. The sponsoring agency has no medical insurance for individuals, and any injury to, or caused by, the participant will be the participant's sole and exclusive responsibility. Participant, or his/her guardian if actual participant is under 18, shall be solely and exclusively responsible for any property damage, personal or private, which the individual may cause during the course of an activity such as designated in this notice. Additionally, the participant, or parent or guardian if actual participant is under 18, acknowledges that the CSD reserves the right to photograph facilities, activities and program participants for potential future use for publicity or promotion purposed only. "By signing below, I acknowledge that I have read and understand this notice and, if I am signing on behalf of a participant under the age of 18, I attest that I am that participant's legal guardian."

Signature of Participant (Parent/Guardian if under age 18) _____ Date _____