

**Priority Registration for \*Newark Residents begins Mon., August 1.**

**\* Proof of Newark residency required for first time registrants (current driver's license or utility bill with a Newark address, PO box addresses will not be accepted).**

**Nonresident Registration begins Weds., August 3.**

**Registrations received prior to these dates will be processed on the above dates once walk-in customers in line are served.**

## Four convenient ways to register:

**ONLINE...** at [www.newark.org](http://www.newark.org), go to "Quick Links" and select... Register for classes!  Look for this symbol next to activities not available for on-line registration.

**WALK IN...** Silliman Activity & Family Aquatic Center, 6800 Mowry Ave., Mon.-Fri., 8:00am - 8:00pm or Clark W. Redeker Newark Senior Center, 7401 Enterprise Dr., Monday-Friday, 9:00am-3:00pm.

**FAX...** registration form with credit card information to 578-4622. We will process your faxed registration as time permits and fax you a confirmation receipt.

**MAIL...** registration form and payment (with a self addressed stamped envelope or email address so we can send a receipt) to the Silliman Activity & Family Aquatic Center or Clark W. Redeker Newark Senior Center.

**PHONE IN REGISTRATIONS ARE NOT ACCEPTED.**

### Registration:

Pre-registration is always required unless specified as a "drop-in-class". Drop-in is first come, first served. Program listings are subject to change. Call us for the latest class information. We do not prorrate for classes that have already begun.

### Refund Policy:

If you wish to cancel your registration, refunds are possible **only** if you notify us at least five (5) business days before the activity begins. A charge of \$15 or 50% of the registration fee (whichever is less) applies to refunds. Not all programs adhere to this refund policy.

**Aquatics Refund/Makeup Policy:** Please see Aquatic Section at front of this Activity Guide for full policy "strictly enforced".

### Special Needs:

Persons with disabilities are welcome. If we can assist you in any way, please contact us.

### Registration Changes:

Any changes to your registration must be made in writing. All changes subject to approval.

## Registration Form

Adult: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone:(home) \_\_\_\_\_ (work/cell) \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Participant	Birth Date	Gender	Class Name	Date	Time	Fee
_____	/ /	M F	_____	_____	_____	_____
_____	/ /	M F	_____	_____	_____	_____
_____	/ /	M F	_____	_____	_____	_____
_____	/ /	M F	_____	_____	_____	_____
_____	/ /	M F	_____	_____	_____	_____

Voluntary donation to the \*Recreation Scholarship Program: \_\_\_\_\_

Total: \$ \_\_\_\_\_

**Release of Liability:** I understand that my (or my minor child's/ward's) participation in any City activity is voluntary. Further, I understand that participation can be a hazardous activity. By signature below, I agree that neither I, my successors, assigns, nor anyone acting on my behalf will hold the City of Newark, its officers, agents, employees, or volunteers liable for any injury, accident, or illness arising out of my (my minor child's/ward's) voluntary participation in the above named program/activity.

I hereby release the City of Newark, its officers, agents, employees, or volunteers from and against any and all claims, cost liabilities, expenses, or judgements, including attorney's fees and court costs arising from my (my minor child's/ward's) participation in the program/activity or any illness/injury resulting therefrom, and hereby agree to indemnify and hold harmless the City of Newark, its officers, agents, employees, or volunteers from and against any and all such claims, whether caused by negligence or otherwise.

I further understand that the City of Newark is not and will not be responsible for Workers Compensation benefits as a result of any injury or illness due to my (my minor child's/ward's) voluntary participation in this activity.

The City of Newark reserves the right to photograph facilities, activities, and program participants for potential use in advertising brochures, department social media, and the City's web page. All photos will remain the property of the City of Newark.

Signature of Participant (or Parent/Guardian, if under 18) \_\_\_\_\_

Check or Money Order made payable to the "City of Newark" enclosed.

Charge my: Visa Mastercard (please circle one)

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

### \*Recreation

#### Scholarship Program

Youth Recreation Scholarships available for Newark Residents who meet the school district free or reduced lunch program. Scholarships will provide 75% of the program fee; registrant is responsible for the remaining 25% of the fee. : Limit: \$200 per person per fiscal year (July-June) and \$500 per family per fiscal year (July-June). Register in-person at the Silliman Activity Center. Some programs are exempt from scholarships. Additional criteria may apply.

### \*Programa de

#### Solicitud de Becas

El programa de becas para jóvenes está disponible solo a jóvenes menores de 17 años. Todos los aplicantes deben de residir dentro de los límites de la ciudad de Newark y/o el Distrito Escolar Unificado de Newark. Este programa está designado para servir a familias de bajos recursos. Para ser considerado para una beca, las familias deben de recibir algún tipo de asistencia pública tal como del programa de almuerzo gratis o reducido a través de una escuela en Newark. Las familias pueden recibir \$200 por participante, o un máximo de \$500 por familia por año fiscal. Todas las solicitudes están sujetas a los fondos disponibles y los fondos estarán en existencia para las primeras personas que apliquen y hasta que sean agotados. Para más información ó asistencia en Español por favor de comunicarse con Edda Rivera al 578-4346 de lunes a jueves de 9:30am - 2pm.