

COUNTY OF SANTA CRUZ DEPARTMENT OF  
**PARKS, OPEN SPACE AND CULTURAL SERVICES**



Kids ages 4-9 can enjoy an evening of friends and creativity with us while their parents have a night out of their own! Art, music, stories and free play are included in this fun night. We'll share supper by candlelight and are sure to have more fun than mom and dad! Instructor: Sandy O'Connell.

Saturday 2/20 5:30-9:30 PM R \$25 / NR \$28 # 7591



ADULT'S NAME \_\_\_\_\_

Register ONLINE at [www.scparks.com](http://www.scparks.com).

ADDRESS \_\_\_\_\_



CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MAIL registration to: COUNTY PARKS REGISTRATION  
 979 17th Ave., Santa Cruz, CA. 95062. Enclose a Check or Money Order payable to: "Santa Cruz County Parks Dept."

DAY PHONE \_\_\_\_\_ NIGHT PHONE \_\_\_\_\_

FAX-in your registration 24-hours a day, using Visa or MasterCard (831) 454-7940.

Emergency Name \_\_\_\_\_

PHONE-in your registration (831) 454-7941 Monday-Friday, 9:00 a.m.-4:00 p.m.

Emergency Phone \_\_\_\_\_

I hereby authorize the use of my  VISA  MASTERCARD

Signature \_\_\_\_\_ Print name as it appears on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

PARTICIPANT NAME	DATE OF BIRTH	PROGRAM NAME	PROG. #	FEE	TOTAL DUE

\*\*A Non-Resident is a person(s) living in one of the 4 cities (Santa Cruz, Capitola, Watsonville, Scotts Valley) or one of the 4 special recreation districts (Alba, Opal Cliffs, La Selva Beach, & Boulder Creek).

Does the participant require special accommodation to participate? If yes, Recreation Staff will contact you.  Yes  No  
 Please note - We require two (2) weeks advance notice before the participant enters the program.

Permission to participate in the above program sponsored by Santa Cruz County Parks, Open Space & Cultural Services Dept. (POSCS) is given for myself and/or my child as shown above. In consideration of participation in this program, I hereby indemnify and hold harmless the County of Santa Cruz, its agents, employees and volunteers from any and all liability for any injury suffered by myself or my child, arising from or connected with this program and I assume all risk for any injury. In case of emergency, I give my permission for emergency medical treatment. I also give my permission for photos of me or my child to be taken by POSCS to be used for promotional purposes. My signature acknowledges that I understand and agree to the above conditions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent  Guardian  Participant