

**City of San Francisco Recreation and Park Department
Account Information**

Main Contact

Today's Date: _____

Name	Birthdate*	Method of Proof of Birthdate	Gender	Work Phone Number	Cell Phone Number	Medical Conditions/Allergies
1						

All Other Household Members

Name	Birthdate*	Method of Proof of Birthdate	Gender	Work Phone Number	Cell Phone Number	Medical Conditions/Allergies
2						
3						
4						
5						
6						
7						

Emergency Contact Information Name	Relationship	Main Phone	Work	Cell
1				
2				

Proof of Immunizations (if age 5 & under) Yes No What was used as evidence of proof? _____

Account Information

Address _____

City _____ State _____ ZIP Code _____

Home Phone Number _____

Email Address** _____

Residency Resident Non-Resident Property Owner*

Proof of Resident ID:	<input type="checkbox"/> California ID Card	Verification of Residency: <i>(Name & address must be same on ID & verification document)</i>	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Lease Agreement
	<input type="checkbox"/> California Driver's License		<input type="checkbox"/> Bank/Credit Card Statement	<input type="checkbox"/> Other Current Bill
	<input type="checkbox"/> Passport		<input type="checkbox"/> Property Tax Bill	

*Requires Proof with ID and Verification

**Required for Online Registration

Staff Person Name: _____

(Please Print)

