



City of Lake Forest • Community Services Division Program Registration Form

If you need more than one registration form, please photocopy.

PRIMARY CONTACT (responsible adult for registering persons into courses)

Last Name _____ First Name _____ Male
 Female
 Birthday _____ (mm/dd/yy) Email _____
 Street Address _____ City, State, Zip _____
 Preferred Contact Phone Number () _____
 Emergency Contact _____ Emergency Phone () _____

OTHER FAMILY MEMBERS living with primary contact (spouse, children, etc.)
Children's birthdates must be filled out completely in order to process registrations.

Last Name	First Name	Birthday	Sex
		(mm/dd/yy)	<input type="checkbox"/> M <input type="checkbox"/> F
		(mm/dd/yy)	<input type="checkbox"/> M <input type="checkbox"/> F
		(mm/dd/yy)	<input type="checkbox"/> M <input type="checkbox"/> F

Please make sure registrant meets the minimum or maximum age requirements for class enrollment prior to submitting Program Registration Form.

Activity #	Participant Name	Birthday	Sex	Activity Name	Fees
		(mm/dd/yy)	<input type="checkbox"/> M <input type="checkbox"/> F		
<i>Please send a separate check for each activity</i>					Total Activity Fees

If you need special assistance for this program, please contact the Recreation Division ASAP at 461-3450.

REFUND POLICY In the case of a City excursion, if a refund is requested and the City is able to fill the spot, a full refund minus the \$10 administrative fee will be given to the participant. In the case that the City is not able to fill the spot, no refund will be given. Refunds may take 30 days from date of cancellation to process. Refunds will be not be given for any portion of recreation classes after the second meeting of the class. In the case refunds are requested prior to the second class meeting, a full refund minus the \$10 administrative fee will be given. Refunds are not given for any program that may be cancelled with a fee of \$10 or less per participant (per receipted transaction).

PARTICIPANT AND/OR PARENT RELEASE FORM

I hereby consent to treatment and all medical care deemed necessary as a result of accident or injury. Yes No
 I further agree to pay any and all costs incurred as a result of said treatment.
 I permit the use of activity/event photography and/or video of my child or myself for media promotion. Yes No
 Please contact me via email regarding upcoming city events and news at: _____ Yes No

I agree to waive and release the City of Lake Forest (City), its officers, agents, employees and volunteers, from and against any claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of my participating in the City's Programs or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the City from and against any and all claims, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of City or its employees.

I HAVE READ AND UNDERSTAND THIS RELEASE FORM LIABILITY.

 (Signature) Parent or Guardian must sign for those under 18 years of age Date _____

Mail this form with your payment to: **City of Lake Forest**
ATTN: Program Registration
25550 Commercentre Drive, Suite 100
Lake Forest, CA 92630

Questions on Registration?
 Call 461-3450



Receipt of this signed form and your payment confirms your registration based upon availability until the activity is full.

Office Use Only	Receipt# _____	Paid by Check# _____	Paid by Cash Amount _____	Initial/Date _____	Conf _____
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Credit Card Payments are not accepted at City Hall