



City of Lake Forest • Community Services Division Activity Registration Form

If you need more than one registration form, please photo copy.

PAYER INFORMATION

Last Name _____ First Name _____
 Street Address _____ City, State, Zip _____
 Phone () _____ DAY () _____ NIGHT () _____ ALTERNATIVE

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

PARTICIPANT INFORMATION

Refund Policy: A Refund Request Form must be filled out to process a refund. The form may be obtained at the second floor reception counter. In the case of a city activity, 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 not be given for any portion of recreation classes after the second meeting of the class.

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

Participant and/or Parent Release Form

I hereby consent to treatment and all medical care deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. Yes No

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

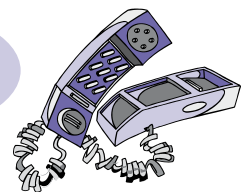
I agree to waive and release the City of Lake Forest (City), its officers, agents, employees and volunteers, from and against any claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of my participating in the City's Programs or any illness or injury 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: Activity Registration
25550 Commercentre Drive, Suite 100
Lake Forest, CA 92630

Questions on
Registration?
Call 461-3450



Please fill out Family Account Form on the other side along with your Registration Form.

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 _____