City of Lake Forest • Community Services Program Registration Form Photocopy if more than one registration form is needed



Primary Contact (Responsible adult for registering persons into courses)							
Last Name:		First Name: Male 🗆 female 🗅					
Birthdate (Requi	ired)	Email (Required)					
Street Address: City, State, Zip:							
Preferred Contact I	Phone Number: () Emergency Phone: ()					
Emergency Contac	t Name:		Emerge	ncy Contact	Phone: ()		
Children's birthdate	Members (Living must be filled out community)	ig with prima ipletely in ord	er to process registi	ations.	etc.)		
Last Name		First Name			Birthdate	Gender	
					(MM/DD/YY)	□м	□F
					(MM/DD/YY)	□м	□F
					(MM/DD/YY)	□м	□F
Please make sure registrant meets the minimum or maximum age requirements for class enrollment before sending program registration form							
Activity #	Participant	Name	Birthdate	Gender	Activity Name	Fees	
			(MM/DD/YY)				
			(MM/DD/YY)	□M□F			
			(MM/DD/YY)	□M□F			
Please send a separate check for each activity					Total Activity Fees		
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							
		d/or video of my child or myself for media promotion					
Please contact me via email regarding upcoming city events and news at: TYES [
I fully understand that my participation in the City's programs exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that I am voluntarily participating in this program and agree to assume any such risks.							
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)							
	/ment to - Attn: Program k & Recreation Center2	•	arkway Lake Forest	, CA 92630	Question or Comments Please Call: (949) 273-6 Or email: LFreconline@	6960	
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: Credit Card Type: Initial/Date:							
L ICY N LC		Misto Acces		Call Aba	Paskastian Divisian @ /	240\ 272.6	

5. If You Need Special Assistance With Any Program, Please Call the Recreation Division @ (949) 273-6960

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). Credit Card Fees are Non-Refundable.