



Recreation & Community Services Registration Form

Registration Begins: August 14

<p>MAIL-IN</p> <p>Checks payable to : City of Fountain Valley</p> <p>Mail to: Recreation Center Registrar 10200 Slater Ave, Fountain Valley 92708</p> <p>Enclose a self-addressed envelope to receive a receipt, or the receipt will be E-mailed</p> 	<p>FAX-IN</p> <p>Be sure to include a valid credit card number, expiration date and signature.</p> <p>714-839-5917 Available 24 hours</p> 	<p>WALK-IN</p> <p>Recreation Center & Sports Park 16400 Brookhurst St. 714-839-8611</p> <p>Senior and Community Center 17967 Bushard St. 714-593-4446</p> 
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PLEASE PRINT AND FILL OUT COMPLETELY

PRIMARY GUARDIAN

Adult Name: First: _____ Last: _____

Address: _____ City: _____ Zip: _____

Phone: Home: (____) _____ Work: (____) _____

Cell: (____) _____ E-mail: _____

Participant Information

Name	Birth date	M/F	Class Number	Class Name	Fee
					\$
					\$
					\$
					\$
2.5% Non-Refundable Convenience Fee for Credit Card Transactions					\$
Special Events , Programs, and Scholarships					\$
TOTAL FEES					\$

PHOTO RELEASE I understand that from time to time City representatives may photograph activities of City recreation programs and participants. By signing this form, I authorize the City of Fountain Valley to use or publish any photographs taken by the City showing my participation or my child/children's to promote classes in the City's future publications of the Fountain Pen and/or flyers.

RELEASE OF LIABILITY I hereby forever RELEASE and DISCHARGE the City of Fountain Valley, and its officers and employees, from any and all liabilities, claims, demands or causes of action that I may hereafter have for injuries and damages arising out of participating in any City Recreation Program including, but not limited to, losses caused by the passive or active negligence of the released parties or of hidden, latent or obvious defects or dangerous conditions in any City Recreation Program. This Release shall also release the Released Parties from related activities not conducted on City property, including travel and off-site activities. I understand that Recreation Activities may involve risks and dangers that no amount of care, caution, instruction or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF INJURY while participating in any City Recreation activity. This release shall remain in effect until revoked and shall extend to all City Recreation Program activities that participant may hereafter participate in. A copy of this release may be used to the same extent as the original.

Convenience Fee A 2.5% NON-REFUNDABLE convenience fee will be charged for each credit card transaction.

General Policies

- No registrations taken at class
- Program information may be subject to change
- A \$5 fee will be charged for each transfer
- A \$25 fee will be charged for returned checks
- Class fees are not pro-rated
- Participant registration cannot be transferred to another person
- Classes will be cancelled if minimum is not met
- Registration will not be accepted after the second class meeting

Refund Policy

- A \$5 administrative charge will be assessed for each requested refund
- Participant charged for classes attended
- Refund requests must be in writing and will only be granted prior to the second class meeting
- If the class is cancelled by the Division, an automatic refund will be processed and mailed to you
- Refunds take 3-4 weeks to process
- All Summer Day Camp refund requests must be in writing. Requests must be received a minimum of 7 days prior to the first day of each week of camp.
- A \$10 fee will be assessed and deducted from the refund for Summer Day Camp.

Signature _____ Print Name _____ Date _____

Credit Card

Circle One: CREDIT CARD # _____ EXP. DATE: _____

