

**R E G I S T R A T I O N   F O R M  
CITY OF POWAY COMMUNITY SERVICES DEPARTMENT**

Parent/Guardian Name (*Please print*): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

First and Last Name of Participant	Birthdate	Age	Sex	Class Title	CLASS REGISTRATION NUMBER		Fee
					First Choice	Alternate Choice	

**PARTICIPANT WAIVER**

The undersigned fully understands that my/my child's participation in the above events/classes potentially exposes my child or me to the risk of personal injury or property damage. I hereby acknowledge that participation in these events/classes is voluntary and agree to assume any such risks. Further, in consideration of being permitted to participate in these events/classes, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Poway, and its officers, agents, and employees from any and all claims, demands, actions or suits arising out of the connection with my/my child's participation in these events/classes.

I assign to the City of Poway and its officers, employees and agents, all rights to any photographs and/or video taken of me/my child and/or any organization(s) represented by me, and any printed matter in conjunction with such photographs and/or video hereinafter referred to as MATERIAL, for advertising and marketing purposes. I hereby authorize the City of Poway to reproduce, copy, exhibit, publish or distribute any and all such MATERIAL. I and/or any organization(s) represented by me understand and agree that the City of Poway will be held free and clear of any responsibility or claim for any liability directly or indirectly associated with the use of said MATERIAL.

**REFUND INFORMATION**

A full refund will be issued for all classes canceled or overbooked by the City of Poway and/or the independent contract instructor.

**Refund Prior to the first day of class:** Customer may request a refund prior to the start date. A cancellation fee of \$15 per class will be deducted. Or, in lieu of a refund, customer may request a full credit to be placed on account. The credit on account will be valid for one year and may be applied to another enrollment or reservation. If the credit is not used after one year, the funds will be forfeited and the customer's account will be cleared. If a registrant fails to attend a program after it begins, the registrant is not entitled to a refund.

**Refund after the first day of class:** Requests for refunds will only be granted if the slot can be filled by another customer on a waiting list. If that slot can be filled, the refund will be prorated. Requests for refunds for classes, camps or programs with enrollment fees that are less than the \$15 processing fee will automatically be given as credit on account.

Exceptions may be authorized by the Director of Community Services. A doctor's note or written request describing the extenuating circumstances must be submitted to the Community Services Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you support the **PLAY Scholarship Program** , or **Fireworks Fund**  by including an additional \$2\_\_ \$5\_\_ \$10 \_\_ or \$\_\_ today?

**FORM OF PAYMENT:** Cash  Amount \_\_\_\_\_ Check  Check # \_\_\_\_\_;  
 Charge  MC/Visa # \_\_\_\_\_ (only if mailed), Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_