



City of La Habra

COMMUNITY SERVICES DEPARTMENT * 101 W. LA HABRA BLVD. * LA HABRA, CA 90631 * 562-383-4200

PLEASE PRINT & FILL OUT COMPLETELY **ACTIVITY REGISTRATION FORM**

ADULT NAME	FIRST	LAST					
	ADDRESS	CITY		STATE	ZIP CODE		
CELL PHONE	HOME PHONE		EMERGENCY PHONE				
PAYOR EMAIL				PAYOR BIRTHDATE			
ACTIVITY NAME	ACTIVITY NUMBER	PARTICIPANT NAME		BIRTHDATE (IF NOT PAYOR)	CHILDREN'S ACTIVITIES		ACTIVITY FEE
		FIRST	LAST		AGE	SEX	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD WE ACCEPT MC & VISA - NO DISCOVER & AMEX CARDS							TOTAL \$
CARD# <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"><input type="text"/><input type="text"/><input type="text"/> - <input type="text"><input type="text"/><input type="text"/><input type="text"/> CVC# <input type="text"/></input></input>							
CARD EXPIRES ____/____ MAKE CHECKS (OR) MONEY ORDERS PAYABLE TO: CITY OF LA HABRA							

WAIVER OF LIABILITY

"I agree to waive and release the Community Services Department and the City, its officers, agents and employees from and against any and all claims, costs, liabilities, expenses or judgements, including attorney's fees and court cost arising of my (or my child's) participation in the City's recreation program of any illness/injury resulting therefrom and hereby agree to indemnify and hold harmless the City from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the City or its employees. I understand and agree that by signing this waiver I am freeing the City, its employees, officers or agents from any liability resulting from my (or my child's) participation in this sponsored event or activity. I recognize that the event can be dangerous to me (or my child) and accept those dangers. I understand that if I am (or my child) is injured this waiver will be used against me and anyone else claiming damage because of my (or my child's) injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver. I hereby represent that I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreation program, that I (or my child) am in good physical health and that I (or my child) do not have physical or emotional conditions, past or present, of which I am aware, which would in any way affect my (or my child's) ability to participate in this activity. I have personally read and understand this waiver."

In case of emergency, I give my permission for emergency medical treatment for myself or the minor and agree to pay any costs incurred as a result of such treatment. I also give my permission for any photographs taken of myself or any member of my family to be used for advertising purposes for the Community Services Department. I understand that on excursions, if I (or my child) fail to report to the bus at the specified time of departure, the City is NOT responsible for providing alternate transportation to or from the site. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant and received by the City. My signature acknowledges that I understand and agree to the above conditions. Refunds for trips only if the ticket can be resold. No class refunds after the first meeting. A \$6.00 SERVICE CHARGE WILL BE HELD FROM ALL APPROVED REFUNDS.

PRINT PARTICIPANT NAME

CLASS/TRIP

SIGNATURE (If Minor, Parent or Legal Guardian Signature)

____/____/____
DATE