



Registration Information

Recreation & Senior Services Department

3300 Newport Boulevard, Newport Beach, CA 92663
 (949) 644-3151 (949) 644-3155 fax




Parent/Adult	First Name	Last Name
Address	City	Zip
Home Phone	Work/Cell Phone	email <input type="checkbox"/> Check here for an emailed receipt

Participant's Name	Date of Birth	Gender	Class # Session	Class name	2nd Choice Class #	Fee
EXAMPLE: John Doe	1/1/2002	M	1103 .301	Kinder Gym	1105 .301	\$65

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 Newport Beach to use or publish any photographs taken by the City showing my participation or my child/children's to promote classes on the City's Internet web site, future publications of the Newport Navigator and/or flyers.	Class Fees
Waiver & Release of Liability In consideration of participation in the Program, I (We), the undersigned, recognize, agree and acknowledge as follows: (1) Participation in the Program is voluntary. (2) The participant is in good health, physically able to participate in the Program without restrictions and has no medical condition that would or may cause participation to be potentially hazardous to his or her health. (3) Failure to disclose a medical condition could terminate participation. (4) There is a real possibility that participant could be seriously injured while participating in the Program. (5) Participant assumes all risks associated with participation in the Program. Participant acknowledges the inherent and potential dangers of participating and expressly waives and voluntarily assumes all risk of personal injury or death which may be sustained while participating. I (We) RECOGNIZE THAT THE REGISTRATION IN THE PROGRAM IS DANGEROUS AND CONTAINS RISK OF PERSONAL INJURY, DEATH, DISABILITY, PROPERTY DAMAGE OR LOSS ("DAMAGES"). I ASSUME ANY AND ALL RISKS associated with my or my child's participation in the Program, including, but not limited to, strenuous physical activity or exertion; striking or being struck, by objects or persons; slipping; and exposure to heat, cold or humidity. Such risk may result in injuries that include, but are not limited to, sprain, strain or tear of muscles or ligaments; fracture or dislocation of joints or bones; head or facial injuries; spinal cord or internal injuries. I know that the risks, hazards and dangers include, but are not limited to, falling, slipping, colliding with other users, staff or spectators. I understand that these risks, hazards and dangers are further increased when other persons, whether or not of the same level of experience, are present at the same time and/or using the same facilities. ALL SUCH RISKS ARE KNOWN AND APPRECIATED BY ME. I hereby, for myself, my child, heirs, or anyone who might claim on my or my child's behalf, agree not to bring any claim, and waive, release and forever discharge the City of Newport, the Newport-Mesa School District, and all of their officers, agents, and employees from any and all duty to me, my child and/or liability for damages arising out of or in the course of my/my child's participation in the Program, including all liability for any active or passive negligence by the City/Newport-Mesa School District and/or their officers, agents and employees. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I waive and voluntarily assume all risk of personal injury which may be sustained while participating. The laws of the State of California shall govern this agreement. The undersigned, hereby acknowledged to be lawful parent(s) (and/or guardian(s)) of the participant, acknowledge(s) my/our qualifications to sign the Release on behalf of the participant.	Non-residents add \$5 for classes \$74 & under OR \$10 for Classes \$75 & over
	Total Paid

Mandatory Signature: _____ **Date:** _____

Non-resident Fee Those who do not reside within the City of Newport Beach, please add \$5 per class priced up to \$74 and \$10 for classes \$75 and over.
Refund Policy Unless otherwise noted — A \$10 (for classes priced \$74 and below) or \$20 (for classes priced \$75 and above) refund fee will be charged if the request is made prior to class meeting for the second time. A full refund will be granted when cancelled by Recreation staff. One day workshops require 5 business days notice for a refund or transfers.
Please Note If your initial payment was by check, a front and back copy of that cancelled check or bank statement must be presented within 90 days after request before a refund can be processed.
Special Assistance If you need special accommodations for any activities, please notify Recreation Services at the time of registration.

Circle One:    **Number:** _____ **Exp. Date:** _____

Print Name as it Appears on Credit Card: _____
 Make Checks Payable to: City of Newport Beach