

# Activity REGISTRATION & REFUND INFORMATION

## REGISTRATION INFORMATION

Registration may be made Online, in person, mailed, faxed, or placed in our drop box. For Registration dates, please check the appropriate section of the Recreation Guide.

Make checks payable to the "City of La Verne."  
**If confirmation is desired, please send a self-addressed, stamped envelope.**

**Community Services Office**  
**3660 "D" Street, La Verne, CA 91750**  
**(909) 596-8700; Fax (909) 596-8763**  
[www.ci.la-verne.ca.us](http://www.ci.la-verne.ca.us)

## REFUND INFORMATION

A \$5 processing fee will be charged for all refunds. No refunds will be issued for activities that are \$5 or less. Absolutely no cash refunds are given at any time. If an activity is cancelled by the Department, a full refund will automatically be issued.

Excursions - Requests for refunds must be made no later than the advertised cancellation date.

Instructional Classes - Requests for refunds must be made no later than 24 hours after the first class. For classes held Thursday – Sunday, refunds must be requested by 5:00 p.m. the following business day.

### ----- REGISTRATION FORM – PLEASE FILL OUT COMPLETELY -----

ADULT PARTICIPANT/PARENT \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ EMERGENCY/CELL ( ) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

Check if participant needs special accommodations. You will be called by a staff member.

PARTICIPANT'S NAME LAST-FIRST-MIDDLE INITIAL	AGE	SEX M/F	BIRTH DATE MANDATORY	ACTIVITY CODE	NAME OF ACTIVITY	FEE	Hold Harmless signature required for all adult participants listed

PLEASE CIRCLE:    Check    Cash    Visa    MasterCard    Discover    American Express    TOTAL FEES \_\_\_\_\_

### HOLD HARMLESS AGREEMENT

In consideration of the applicant's participation in the above activity(s), I waive and release all claims for damages for death, personal injury, or property damage that may occur as a result of engaging in that activity. This discharges in advance the City of La Verne, its employees and other agents from liability even though that liability may arise out of their negligence. I know that this activity involves a risk of accidents, and I willingly assume the risk. This waiver release and assumption of risk is binding on my heirs and assigns.

Does the above participant(s) have special needs?                      YES                      NO  
 If yes, please explain \_\_\_\_\_

The above participant(s) has the following allergies: \_\_\_\_\_

The above participant(s) takes the following medications: \_\_\_\_\_

I/my child agree to conform to the fullest with the instructions of the recreation officials in charge.

I understand that the City of La Verne may take photographs of participants during these activities. I hereby consent to the use of such photographs for any municipal purpose.

ADULT SIGNATURE (Mandatory) \_\_\_\_\_ Date \_\_\_\_\_

### ----- CREDIT CARD INFORMATION WILL BE DESTROYED AFTER REGISTRATION -----

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Card Holder's Signature \_\_\_\_\_