



# RECREATION PROGRAM REGISTRATION FORM

**Aquatics Center:** 987 Ave. Vista Hermosa, San Clemente, CA 92673 / (949) 429-8797

**Community Center:** 100 N. Calle Seville, San Clemente, CA 92672 / (949) 361-8264

**Ole Hanson Beach Club:** 105 W. Avenida Pico, San Clemente, CA 92672 / (949) 388-2131

<b>Adult Last Name:</b>		<b>First Name:</b>	
<b>Street Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Primary Phone:</b>		<b>Alternate Phone:</b>	
<b>E-Mail Address:</b>			

**Would you like a registration confirmation e-mailed to you?**  Yes  No

Barcode	Participant's Name	Gender	DOB (under 18)	Fee
<b>Non-resident fee (\$3/class)</b>				\$
<b>Donate to Recreation Scholarships? (\$1)</b>				\$
Check #:			<b>Total Fee:</b>	\$

**REFUND POLICY:** All refunds must be requested in writing. An \$8.00 processing fee will apply per person, per class. **No refunds or credits will be issued after the second class meeting.** **Camps & Swim Lessons:** If a refund request is received 72-hours before the start of the course/camp, a refund will be provided, less than 72-hours no refund or credit will be issued. **Workshops:** If a refund request is received 24-hours before the start of the course, a refund will be provided, less than 24-hours no refund or credit will be issued. All refunds are in the form a check or credit.

**AUTHORIZATION TO PROVIDE MEDICAL TREATMENT FOR MINOR PARTICIPANTS:** I, hereby authorized the City of San Clemente, into whose care the above named individual has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by dentist licensed under the provisions of the Dental Practice Act. I furthermore authorized the City of San Clemente to transport or make arrangements for transport as may be required for the administration of health care consented to in the above program.

**PHOTO/VIDEO RELEASE:** I, hereby, freely and voluntarily grant to the City the irrevocable right and permission, concerning the photographs and/or videos that it will take or will have taken of me in which I may be included with others, to copyright the same, in its own name or otherwise (and assign my rights throughout the world in such photograph), to use, re-use, publish, and re-publish, and otherwise reproduce, modify and display the same, in whole or part, individually or in conjunction with other photographs, and in conjunction with any other copyrighted matter, in any and all media now or hereafter known, for illustration, promotion, art, advertising, and trade, or any other purpose whatsoever; and to use my name in connection therewith if it so chooses.

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:** I, fully understand that my participation in the City of San Clemente Recreation Program exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that I voluntarily participate in the Recreation Program and agree to assume any such risks. I hereby release, discharge and agree not to sue the City for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the Recreation Program from whatever cause, including the active or passive negligence of the City or any other participants in the event/class. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in the Recreation Program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands actions or suits arising out of or in connection with my participation in the event/class.

**I, THE UNDERSIGNED, AM FAMILIAR WITH THE NATURE OF ACTIVITIES AND CERTIFY THAT I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.** If signing on behalf of a minor child I, declare under penalty of perjury under the laws of the State of California that I am the parent or legal guardian of Minor. I further declare that I shall indemnify and hold harmless the City from and against any and all Claims resulting from, incident to, or arising out of Minor's participation in the event/class, any and all risks assumed by Minor and me above, and/or the breach of any promises, covenants, and/or representations made by me herein and/or in the above Release.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Parent or guardian signature if under 18 years of age)*