Registration

Activity Registration Form

PLEASE PRINT AND FILL OUT COMPLETELY

☐ Please check box if this is a change of address

Adult Last Name _____ Adult First Name _____

Address _____

City_____ State _____ Zip Code_____

Phone Day _____ Night _____ Emergency _____

CLASS NO.'s	CLASS NAME	CLASS	TOTAL	PARTICIPANT'S NAME				
		FEE	FEES	LAST	FIRST	MI	AGE	SEX

In consideration of your accepting this registration, I hereby agree to indemnify and hold harmless the City of San Juan Capistrano and any of its officers, agents, or employees from any liability or claim or action for damages resulting from or in any way arising out of the participation in this program by the person registered.

Signature _____ Date _____

Make checks payable to: CITY OF SAN JUAN CAPISTRANO

Do you have any special needs? If yes, please describe*

_____

_____

*A minimum of 48 hours advance notice is required to best meet special needs. Doctor's release may be required.

FORM OF PAYMENT

☐ cash Amount Enclosed $ _____

☐ check

☐ VISA* *V-code _____

☐ MC* 3 or 4 # on back of credit card

Credit Card # _____

Expires_____

Signature_____

How did you hear about our programs?: Web site Newspaper Newsletter Other _____ Friend Flyer Street Banner