

REGISTRATION INFORMATION

PLEASE PRINT:

Name _____ E-mail _____

Address _____ City & Zip _____

Home Phone _____ Work Phone _____

Emergency Name _____ Emergency Phone _____

Participant's First Name	Last Name	Age	Class Name	Day/Week	Time	Fee

1. To register, complete and mail form to address below with check or money order. YOUR CANCELED CHECK IS YOUR RECEIPT.
2. No refunds will be made after the first class meeting. All requests must be made in writing. Please allow 3-4 weeks for refund. A \$10 administrative fee per person, per class will be deducted from all refund requests. FULL REFUND given only if class is canceled.

MAKE CHECKS PAYABLE TO: "CITY OF ROLLING HILLS ESTATES"
MAIL REGISTRATION FORM AND PAYMENT TO: CITY OF ROLLING HILLS ESTATES, ATTN: RECREATION
4045 PALOS VERDES DRIVE NORTH, ROLLING HILLS ESTATES, CA 90274

RELEASE OF LIABILITY - Signature required for all participants

I have elected to participate in the recreation activity stated above. In consideration for and as a condition of such participation, I agree to assume any and all risks arising out of or incident to such participation. I further agree to indemnify and hold harmless the City of Rolling Hills Estates, its instructors, agents, officers and employees from any and all claims, damages, losses, expenses or any person, arising out of or incident to my participation in this recreation activity.

I hereby represent that I understand and am familiar with the nature of the activities in which I will participate in this recreation program, that I am in good physical health, and that I do not have physical or emotional conditions, past or present, of which I am aware, which would in any way affect my ability to participate in this activity.

Signature of Participant (18 years or older)

Signature of Parent/Guardian if under 18

**FOR ADDITIONAL INFORMATION ON CLASSES, PLEASE CALL 310-377-1577, EXT 100
NO CONFIRMATION WILL BE SENT. YOU WILL BE NOTIFIED ONLY IF YOUR FIRST CHOICE
CANNOT BE FULFILLED.**