



PROGRAM REGISTRATION FORM

City of San Clemente Recreation Division

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

Adult Last Name:	First Name:	
Street Address:		
City:	State:	Zip Code:
Primary Phone:	Alternate Phone:	
E-Mail Address:		
Would you like a registration confirmation e-mailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

PHOTO/VIDEO RELEASE: I understand that at various times City representatives may photograph and/or video activities of City recreation programs, special events and participants. By signing this form, I authorize the City of San Clemente to use or publish any photographs/videos taken of me or my child/children to promote classes on the City's website and other internet publicity, and/or in future publications of City brochures and/or flyers.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT: The undersigned hereby releases the City of San Clemente and its officers, agents and employees from all liability to the undersigned (and from any minor participants for whom the undersigned has the capacity to contract), thereby releasing, indemnifying, and holding harmless the City of San Clemente, its officers, agents, and employees from all liability to the undersigned (and said minors) for any loss or damage on account of physical, mental and emotional injury to the undersigned (of said minors) caused by negligence of the City of San Clemente, its officers, agents and employees. The undersigned hereby assumes full responsibility for, and the risk of, physical, mental and emotional injury due to the negligence of the City of San Clemente, its officers, agents and employees. The undersigned recognizes for himself or herself, and any minors, that the events and occurrences to which this release applies can be dangerous and as a result of signing below, the undersigned is accepting those risks for himself or herself, and for any minor participants for whom the undersigned can contract.

AUTHORIZATION TO PROVIDE MEDICAL TREATMENT FOR MINOR PARTICIPANTS: The undersigned, who is the parent or guardian of the above named individual, a minor, 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 to said minor 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. The undersigned 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.

REFUND POLICY: I understand the refund policy as it applies to the program registration above. The refund policy can be viewed in its entirety at: <http://san-clemente.org/withdraw> and the San Clemente Magazine.

I, THE UNDERSIGNED, AM FAMILIAR WITH THE NATURE OF ACTIVITIES AND CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AS IT APPLIES TO MYSELF AND TO ANY MINORS FOR WHOM I AM SIGNING.

Participant Signature: _____ **Date:** _____
(Parent or guardian signature if under 18 years of age)