

ACTIVITY REGISTRATION FORM

5700 ORANGE AVENUE, CYPRESS, CA 90630 (714) 229-6780 FAX # (714) 229-6798 (FOR CHARGE ONLY)
PLEASE PRINT CLEARLY & FILL OUT FORM COMPLETELY

CHECK OUT OUR ONLINE REGISTRATION AT WWW.CYPRESSREC.COM

Adult First Name _____ Last _____ MI _____

Address _____ City _____ Zip _____

Drivers License # _____ Phone # Day (_____) - _____ - _____ Is this a change of Address or Phone?

Phone # (Night) _____ Phone # Cell (_____) - _____ - _____ Yes No

Emergency # _____ Email Address _____

Course #	Course Title:	Name of person taking the Class: (First/Last)	D.O.B.	M/F	Fee
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

NEW! *NON-RESIDENT FEE (\$2 per participant per class)

TOTAL NUMBER OF CLASSES: _____ x \$2 = \$ _____

TOTAL FEES: \$ _____

Check one: VISA MASTERCARD

Card #

Expiration Date: Month Yr Code

(Visa or Mastercard holder: CODE is the last 3 digits on the back of your card)

Signature: _____



MAKE CHECK(S) OR MONEY ORDER
PAYABLE TO:
CITY OF CYPRESS

FOR OFFICE USE ONLY

CASH CHECK # _____

PLEASE READ AND SIGN THE WAIVER, RELEASE AND INDEMNITY AGREEMENT BELOW

In exchange for participating in this activity I hereby agree on behalf of myself and my spouse, parents, children, family, employees, agents, heirs, estate, executors, representatives, administrators, insurers, successors and assigns, distributees, guardians and/or other legal representatives (collectively the "Released Parties") to fully release and to not make any claim against, file a lawsuit against, attach the property of, or prosecute the City of Cypress (the City) and/or the Cypress Recreation and Park District (the "District") and/or either of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf for any and all claims, causes of action, including, but not limited to, emotional distress, bodily injury, death, or property damage arising out of any actions by any City or District employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on the City's and/or the District's behalf in connection with my participation in this activity.

I UNDERSTAND THIS RELEASE SHALL BE EFFECTIVE EVEN IF THE LOSS, DAMAGE OR INJURY WAS NOT FORESEEABLE OR RESULTS, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF THE CITY, DISTRICT AND/OR ANY OF THE ABOVE PERSONS.

I understand that this activity involves the risk of serious injury and even death, and I agree to assume any and all risk of serious injury or death in participating in the activity. In case of accident or other emergency, personnel of the City or District and/or their agents, are hereby authorized to secure medical care deemed necessary by them, as a result of that accident or injury, for me at my cost and expense. I further agree to indemnify and defend the City and/or the District and/or both of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf and to pay for any and all costs incurred (including, but not limited to, medical treatment, pain and suffering, emotional distress, any settlement paid or judgment, legal costs and/or attorneys fees) as a result of any injury that I cause to another participant. I further consent to the use of activity/event photography and/or video taping of me and the display of those pictures of me for promotional use, including on the City's Internet site.

By signing below, I acknowledge and represent that I HAVE READ THIS AGREEMENT CAREFULLY, I FULLY UNDERSTAND ITS CONTENTS AND I VOLUNTARILY AGREE TO ITS TERMS. No oral representations, statements or inducements, apart from this written agreement, have been made. If any portion of this agreement is declared invalid by a court, the remainder shall continue in full force and effect. Where this agreement is signed by a parent or legal guardian on behalf of a minor, the use of the word "me" in this agreement shall include and bind the minor, and the use of the word "I" in this agreement shall include the parent or legal guardian acting on behalf of and binding the minor to this agreement.

IF 18 YEARS OF AGE OR OLDER: I declare under the penalty of perjury under the laws of the State of California that I am eighteen (18) years of age or older and am fully competent to sign this agreement. IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, by signing below, I declare under the penalty of perjury under the laws of the State of California that I am the parent/legal guardian for the minor participant herein and am authorized to sign this agreement on their behalf.

Name of Participant	
Name of Parent/Legal Guardian, if Participant is under 18	
Signature	Date

REFUND POLICY: Refunds must be requested in writing before the second-class meeting. If the class is only one day, our office must receive the request 48 hours before the class starts. There is a \$5.00 administrative fee for each class refunded other than those generated by District cancelled classes. This also applies to refunds given prior to the start of classes. (This policy does not apply to Kids Corner, Daycamp, Swimming Lessons, Youth Basketball, Adult Sports and Special Events. Please refer to these individual programs for their refund policies.) It takes 3-4 weeks to process any refund requests.