CITY OF CHINO ACTIVITY REGISTRATION FORM

Payee First Name: _____ Last Name: _____ DOB: ___/___/___

Street Address: _____ City: _____ Zip: _____

E-mail: _____

Day Phone Number _____ *Work Number* _____

Cell Phone Number _____ *Phone Service Provider* _____

Please check appropriate box below if you agree to receive:

Promotional E-mails? ☐ Yes ☐ No

Text messages? ☐ Yes ☐ No

EMERGENCY CONTACT(S)

Your emergency contact should **NOT** be a contact within the same household, but rather an alternate contact in the local area.

Emergency Contact Name _____ *Relationship* _____ *Phone Number* _____

PARTICIPANT INFORMATION

Class Activity Code	First Name	Last Name	Relationship	Gender	Date of Birth	School Grade	Class Fee

ACTIVITY REFUND POLICY

$5 Processing fee will be applied. (Refunds will only be approved before the second class meeting.)

For phone, fax or mail-in registration, please complete this section:

Registration Type: ☐ Phone ☐ Fax ☐ Mail

Payment Method: ☐ MC ☐ Visa ☐ Discover ☐ American Express ☐ Check

Please make checks payable to: **City of Chino**

Credit Card #: _____ Expiration: _____

CA Driver License #: _____ Expiration: _____

TOTAL:

CASH:

CHECK #:

CREDIT:

RECEIPT #:

WAIVER AND RELEASE

In exchange for being permitted to participate in the City of Chino activity, I acknowledge and attest to the fact that:

1) My participation, and/or that of my child/children/guardians, is voluntary; **2)** My participation, and/or that of my child/children/guardians, potentially can result in injury, death, property damage, and other losses; **3)** I am legally competent to understand and accept the associated risks; **4)** I will not pursue legal actions against the City for matters arising as a result of my participation, and/or that of my child/children/guardians; **5)** I am responsible for payment of all charges associated with my participation and/or that of my child/children/guardians, for any damages to the City property or other losses of any involved; **6)** I will defend the City and its representatives against any claims or lawsuits that are a result of my participation, and/or that of my child/children/guardians; **7)** I agree that the City can take photographs and/or film me, and my child/children/guardians, while participating in a City activity and/or at a City facility to be used for promotional purposes; and, further that these will be the sole property of the City; **8)** I understand that rates, fees, dates, times, classes, schedule of classes, and instructors established by the City may change at any time without notice; **9)** I agree that City fliers and class schedules are not an expressed and implied contract; **10)** I agree that the City is not responsible for any damage or loss that may arise from a misunderstanding, error, or omission; **11)** I understand that the City reserves the right to change or cancel any or all of the participation/use of rules at any time; and **12)** I understand that any individual behaving inappropriately or unsafely will be ejected and denied future participation.

I am signing a full release of any and all liability against the City of Chino and do so of my own free will.

Adult Participant/Parent or Guardian Signature _____ *Date* _____

The City of Chino, in compliance with the Americans with Disabilities Act (ADA) does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs, events, or activities. Requests for accommodations and information regarding provisions of the ADA may be requested from Michael Heroux, ADA Coordinator, at 909.334.3308.

PLEASE RETURN FORM WITHIN 1-2 DAYS TO: CLASS REGISTRATION, P.O. Box 667, Chino, CA, 91708-0667