

Registration Information

Spring Registration Begins March 8th! Register Online, by Mail or Drop-Off!

MAIL-IN OR DROP-OFF REGISTRATION:

Complete the registration form and include payment. Extra forms are available at www.lagunabeachcity.net or from the office.

Cash, checks, money orders and VISA or MASTERCARD are accepted. Do not mail cash. Make checks or money orders payable to:
"CITY OF LAGUNA BEACH."

Laguna Beach Community Services
515 Forest Avenue
Laguna Beach, CA 92651
(949) 497-0716, ext. 6

Open weekdays, 8 a.m. to 5 p.m.

PHONE/FAX REGISTRATIONS NOT ACCEPTED.

Register Online!
www.lagunabeachcity.net

24 HOURS A DAY,
7 DAYS A WEEK!

TO REGISTER ONLINE, GO TO
WWW.LAGUNABEACHCITY.NET
"RECREATION ACTIVITIES"

General Policies & Procedures

- **CITY INSTRUCTORS ARE ALLOWED TO ACCEPT CHECKS FOR DROP-IN FEES AT CLASSES.** All other registrations must be done online, through the mail or dropped off at the office during business hours.
- **PAYMENT IS DUE UPON REGISTRATION.** Late registration is accepted on a space-available basis. Fees are not prorated and expire at the end of the quarter.
- **TRANSFERS WILL BE PERMITTED IF REQUESTED ...** in writing at least one business day before the start date of the activity. A processing fee of \$20 will be assessed.
- **NO REFUNDS UNLESS THE ACTIVITY IS CANCELLED OR CHANGED.** Participants will be notified and a full refund will be processed within four weeks.
- **PARTICIPANTS MUST BE PROPERLY REGISTERED ...** for City-sponsored activities and a signed "Release of Liability Statement" must be on file.
- **THE CITY RESERVES THE RIGHT ...** to cancel activities, substitute instructors, change dates, times and/or locations as necessary without public notice. We apologize for any inconvenience.
- **ADDITIONAL SIBLING /FAMILY MEMBER DISCOUNTS:** Activities that offer additional sibling or family discounts are noted in class descriptions. Most additional sibling/family member discounts are available online. Just select the correct activity section and register. Contact us by email at recreation@lagunabeachcity.net or telephone at (949) 497-0716 ext. 6 if you require any further assistance. Rosters will be audited for discrepancies.
- **PLEASE REGISTER EARLY!** Enrollment must be sufficient to hold a class. Please pre-register to secure the activity of your choice!
- **NOT SURE IF YOU'LL LIKE THE ACTIVITY?** Pay an audit fee (minimum \$20) at the Community Services Department and attend the activity. If you would like to continue with the activity, pay the balance of the registration fee before the second class meeting. **Not all activities can be audited.**
- **DIDN'T GET A RECREATION BROCHURE IN THE MAIL?** It is mailed to residents and businesses in Laguna Beach and to residents within the LBUSD boundaries. Please check with your mail carrier.

Laguna Beach Community Services Registration Form

Valid for all activities including the 2010 Junior Guard Program*

*Returning JG's from Summer 2009 or newcomers who have passed the required swim test are eligible to enroll.

515 Forest Avenue, Laguna Beach 92651 ☎ (949) 497-0716 ext. 6 ● www.lagunabeachcity.net

No refunds unless the activity is cancelled. For complete policy details, refer to page 32 or visit www.lagunabeachcity.net

(A) Household Information

LAST NAME (Parent/Legal Guardian)		FIRST NAME (Parent/Legal Guardian)	
ADDRESS INFORMATION:		HOME TELEPHONE ()	
Street	Unit #	ALTERNATIVE TELEPHONE ()	
City:	State:	Zip:	
E-MAIL ADDRESS			
When enrolling minor participant(s), indicate emergency contact name and phone number:			

(B) Participant Information

Activity Information

Participant's Last Name	Participant's First Name	Date of Birth	Sex	Activity Number	Activity Name	Day(s)	Time	Start Date	Place	Fee

Payment Information: Make checks/money orders payable to: "City of Laguna Beach."
If paying by credit card, please complete the following information:

VISA/MASTERCARD	Card Number:	Expiration Date: / /
Name As It Appears On Card:		
Signature:		

Sub-Total: \$ _____

Less credit or discounts \$ _____

Total: \$ _____

Acknowledgement of Risk Factors Involved - Junior Guard Program Only:

Acting on behalf of my child or ward, I am in compliance with the requirement that said registrant is returning from the Summer 2009 Junior Guard Program or has passed the swim test required by the City of Laguna Beach, that such passage from a swim test or related program is no guarantee of safety, and that the registrant will engage in various physical activities on the beaches and in the waters of the Pacific Ocean. I also acknowledge that such activities are associated with the risks identified below in the Release from Liability or similar risks. I agree and acknowledge as follows: participation in the Laguna Beach Junior Guard Program is voluntary. Parent/guardian assumes all risks associated with registrant's participation in the Junior Guard Program, excepting that this release shall not extend to such claims or injuries caused by the City's fraud and/or intentional acts. There is a possibility that registrant could suffer serious injury or death while participating in the Laguna Beach Junior Guard Program.

Authorization for Medical Treatment of a Minor - Junior Guard Program Only:

Acting on behalf of my child or ward, I, the undersigned, parent/guardian do hereby authorize the City of Laguna Beach Marine Safety Department as agent for the undersigned and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any surgeon and physician licensed under the provision of the Medicine Practice Act on the medical staff of a licensed hospital, whether said diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforementioned agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. I have read and consent to medical care as deemed advisable as delineated above.

Release from Liability and Indemnification - General Registration & Junior Guard Program:

Acting on behalf for myself, my child or ward, I agree to waive and release the City of Laguna Beach, its officers, agents, and employees (hereafter "the City") from and against any and all claims, liability, or judgments arising out of my (or my child or ward's) participation in this activity, whether resulting from the City's negligence or otherwise, excepting that this release shall not extend to such claims or injuries caused by the City's fraud and/or intentional acts. I agree to indemnify, defend, and hold harmless the City from and against all such claims, whether caused by negligence or otherwise, except as caused by the City's fraud and/or intentional acts. I understand that there is an inherent risk of death, personal injury, or property damage in recreational activities, and I expressly assume all risks arising from my (or my child or ward's) participation in the activity, whether arising from the City's negligence or otherwise, except as caused by the City's fraud and/or intentional acts. I understand that the effect of this document is to release the City from all liability arising from my (or my child or ward's) participation in this activity to the fullest extent permitted by law.

I have read and understand the above Release from Liability and Indemnification; and for the Junior Guard only, the Acknowledgement of Risk Factors Involved and Authorization for Medical Treatment of a Minor as indicated by my signature below:

Signature: _____
(Parent or guardian must sign for participants under 18 years of age)

Date: _____