10911 Oak Street
Los Alamitos, Ca 90720-2315

Class/Activity Registration Form

PLEASE PRINT AND FILL OUT FORM

(562) 430-1073
FAX: (562) 594-9657

LAST NAME (Adult):	**FIRST NAME (Adult):**	**DOB (Adult) (REQUIRED):**
ADDRESS:	**HOME PHONE:**	
CITY/STATE/ZIP:	**SECONDARY PHONE (REQUIRED):**	**CIRCLE ONE: CELL WORK**
E-MAIL ADDRESS:	**HAS YOUR INFORMATION CHANGED?** ☐ **YES** ☐ **NO** ☐ **LAUSD RESIDENT** ☐ **NON-RESIDENT**	

Release, Waiver and Assumption of Risk

I fully understand that my/my child's participation in the events/programs/classes listed below, exposes me/my child to the risk of personal injury, death or property damage. I hereby acknowledge that I/my child am/is voluntarily participating in this event/program/class and agree to assume any such risks.

I hereby release, discharge and agree not to sue the City of Los Alamitos or LAUSD or Military Department of the State of California or USA Water Polo or Los Alamitos Aquatics Foundation, and each of their respective officers, agents, employees, representatives, board members, volunteers and sponsors for any injury, death or damage to or loss of personal property arising out of, or in connection with my/my child's participation in the event/program/class from whatever cause, including the active or passive negligence of City of Los Alamitos or LAUSD or Military Department of the State of California or USA Water Polo or Los Alamitos Aquatics Foundation, and each of their respective officers, agents, employees, representatives, board members, volunteers and sponsors, or any other participants in the event/program/class. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in the event/program/class, I hereby agree, for myself, my heirs, administrators, executors, assigns, and agents that I shall indemnify and hold harmless City of Los Alamitos or LAUSD or Military Department of the State of California or USA Water Polo or Los Alamitos Aquatics Foundation, and each of their respective officers, agents, employees, representatives, board members, volunteers and sponsors, from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/program/class. I also grant my irrevocable right and permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of myself/my child. I further certify that said person/minor is in good health and has no physical or other impediment which would endanger him/her from participating in such an activity. I hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to myself/my child by a physician or hospital selected by staff for any injury or incident arising out of or connect with this event/program/class.

I HAVE CAREFULLY READ THIS WAIVER, RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

PARTICIPANT'S SIGNATURE OR PARENT/LEGAL GUARDIAN SIGNATURE IF PARTICIPANT IS A MINOR: **X**	EMERGENCY CONTACT NAME: EMERGENCY CONTACT PHONE:
DATE:	

Class #	NAME OF CLASS	PARTICIPANT'S FULL NAME	SEX	BIRTHDATE	GRADE	FEE
					TOTAL FEE:	

OFFICE USE ONLY COMPLETED BY:	RECEIPT #	STAFF INITIALS:	DATE:
METHOD OF PAYMENT: CASH ☐ CHECK ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐		CHECK AMOUNT:	CHECK #:
CREDIT CARD #:		EXPIRATION DATE:	CVV2 CODE: