REGISTRATION SPRING 2016

GENERAL INFORMATION
Registration procedures for classes and programs are aimed at giving priority to Los Alamitos residents without excluding individuals from other communities. Participants can register online, by mail, in person, or by fax. Early registration is encouraged so that class minimums can be reached in advance of the first class. Classes are cancelled if pre-enrollments have not met the minimum requirements.

REFUND POLICY
Refund requests will only be granted prior to the second regularly scheduled class meeting. A $6 administrative charge will be assessed per person, per class/ program. Classes will be cancelled and full refunds issued if minimum enrollment is not met. ***Day Camp:*** No refunds will be issued for seasonal day camps. ***One-Day Workshops:*** Participant must withdraw at least 5 business days in advance in order to receive a refund. A $6 administrative fee will be retained per person, per class.

GENERAL POLICIES
The City of Los Alamitos does not discriminate on the basis of handicapped status in admission or access to, or treatment in, its programs and activities. Alternative methods of communication will be made available for those wishing to participate in City programs or activities. Information concerning the provisions of the Americans with Disabilities Act is available by calling (562) 431-3538. Individuals registering for a class must meet the age requirement prior to the first class meeting. Children may not remain in adult classes and adults may not remain in children's classes during instruction unless otherwise stated.

LATE REGISTRATION
Registration will be accepted at the first and second class if space is available. Fees will not be prorated. Call first to verify an opening at (562) 430-10173.

COMMENTS OR SUGGESTIONS
The programs and classes listed in this brochure are provided through the Recreation and Community Services Department and are made possible through public interest and input. If you have comments or class suggestions, please call (562) 430-1073.

MAIL-IN REGISTRATION
Mail-in registration begins Monday, February 29, 2016. Mail registration form and your check with Driver's License # written on it and made payable to ***City of Los Alamitos*** to:
Attention: Registrar
Recreation & Community Services
10911 Oak St., Los Alamitos, CA 90720
Registration postmarked prior to Monday, February 29, 2016 will not be accepted. Registration will be processed beginning Wednesday, March 2, 2016.

ONLINE REGISTRATION
www.cityoflosalamitos.org. Credit card required: VISA, MASTERCARD or DISCOVER ONLY. Online registration begins Saturday, February 27, 2016.

WALK-IN REGISTRATION
Walk-in registration begins Monday, February 29, 2016. Los Alamitos Community Center Office hours: Monday-Thursday, 7:30am-5:30pm, Friday, 7:30am-4:00pm. **Registration will not be accepted for classes that have met twice.** For your convenience, a brass wall-mounted Drop Box is located at the entrance to the Community Center. You may drop your registration form with payment in this box.

FAX-IN REGISTRATION
Fax-in registration begins Monday, February 29, 2016. Complete the registration form. Print clearly, please. Pay with Credit Card only for fax-in registration. Fax only once to avoid duplicate registration. Fax form to (562) 594-9657. VISA, MASTERCARD or DISCOVER ONLY.

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: