

TWO WAYS TO REGISTER



ONLINE

**General Registration begins
Monday, August 19 • 9:00am**

www.calabasasreg.org

MAIL-IN

Fill in registration form and mail with full payment.
Make checks payable to: **City of Calabasas**

MAIL TO: Community Services Attn: Fall Registration
3701 Lost Hills Road
Calabasas, CA 91301

Senior Program Registration Dates

Calabasas Senior Center Members
9:00am • Monday, August 12

Calabasas Residents
9:00am • Wednesday, August 14

Non-Residents
9:00am • Monday, August 19

REFUND POLICY

- Administrative and credit card convenience fees are non-refundable.
- Refund requests must be made before the beginning of the 2nd class.
- Refunds are not granted for aquatics, special events, single-day class, programs, seminars or lectures, missed attendance, after the completion of an activity, program, event or excursion.
- A full refund is made in the event an activity is canceled by the City prior to the start date.
- A partial refund is made on a pro-rated basis if a participant submits a Refund Request Form no less than 48 hours prior to the second day of programming (even if they did not attend the first day).

- Refunds are processed by original payment method and may take between 1-5 weeks to receive.
- In the case of excursions and culinary classes, refunds will be issued only if the space can be filled by another participant.
- No Credit or Refund given for missed classes.
- A full refund (minus administrative and credit card fees) is issued if a participant submits a Refund Request Form no less than 48 hours prior to the first day of programming.
- Refunds are not given for practice schedule conflicts, game schedule conflicts, friend, coach, or team requests, missed attendance, and after teams are formed.

REGISTRATION FORM

PAYEE	(ADULT / PAYEE) NAME		EMAIL ALL RECEIPTS ARE EMAILED	
	ADDRESS			
	CITY			ZIP
	PRIMARY PHONE		CELL PHONE	CELL PHONE (CARRIER REQUIRED FOR TEXT MESSAGES)

PARTICIPANT	CLASS NAME	START DATE	TIME	PARTICIPANT NAME	GENDER	BIRTHDATE	FEE

***Signature required for registration.**

The undersigned hereby agrees to defend, indemnify, and hold harmless the City of Calabasas and its officers, employees and agents from and against any and all loss, liability charges and expenses (including attorney's fees) and cost which may arise by reason of participation in any program. (The City does not provide accident, medical, liability, workers' compensation insurance or any other insurance for program participants). As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participating at the premises. I understand the City retains the right to use photos taken during activities for publicity purposes.

PROCESSING FEE APPLIES TO CLASSES OVER \$12	\$6
TOTAL FEE	

Communicable diseases are illnesses caused by viruses or bacteria that spread from person to person, animal to person, or from a surface or a food. These diseases can be transmitted through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air. All participants in recreational activities must comply with all safety and preventative measures put in place by the City to reduce the spread of communicable diseases. Safety measures are subject to change or revision in accordance with state and local guidance.

By signing this agreement, I represent that I will adhere to all the applicable communicable diseases preventive measures required by the City of Calabasas and other applicable governments. Further, on my behalf, by signing this agreement, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that I may be exposed to or infected to such diseases by participating in recreational activities/training/rentals and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Further, on my behalf, I hereby release, waive, covenant not to sue, discharge, and hold harmless the City of Calabasas, its employees, agents, and representatives, of and from any such liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives.

Adult/Parent Signature

Date

PAY	METHOD OF PAYMENT: [] CHECK [] MASTERCARD [] VISA [] DISCOVER		
	CREDIT CARD #	EXP. DATE	CVV CODE
	BILLING ADDRESS		