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.

	PAYEE) NAME			EMAIL ALL RECEIPTS ARE	EMAII ED			
ADDRESS	S			ALL NECLIF 13 AND	LIMAILLU			
CITY						ZIP		
PRIMARY	ARY PHONE CELL PHONE CELL PHONE (CARRIER REQUIRED FOR					OR TEXT MESSA	GES)	
					(0,11111211120112011	J. L. L. M. L. S. J.		
CLASS NA	AME	START DATE	TIME	PARTICIPANT NAME		GENDER	BIRTHDATE	FEE
			\rightarrow					
	*Signature required for registration.					PROCESSING FEE APPLIES TO CLASSES OVER \$12		\$6
agents f	ne undersigned hereby agrees to defend, indemnify, and hold harmless the City of Calabasas and its officers, employees and gents from and against any and all loss, liability charges and expenses (including attorney's fees) and cost which may arise by ason of participation in any program. (The City does not provide accident, medical, liability, workers' compensation insurance				TOTAL FEE		+	
						e		
or any o child as a provided City reta	other insurance for program participants). As pa a result of accident or injury. I further agree to pa d are reasonably safe for their intended use. Onc ains the right to use photos taken during activitie	arent/guardian, I ay any and all cos e having conduc es for publicity p	I hereby sts incur cted the ourposes	consent to emergency tr ed as a result of said treat inspection, I agree to expi	eatment of my mino ment. I agree to care ressly assume the risl	or fully inspect a c of participat	nd satisfy for myself ing at the premises.	I understa
or any o child as a provided City reta Commu transmit all safety	other insurance for program participants). As pa a result of accident or injury. I further agree to pa d are reasonably safe for their intended use. Onc	arent/guardian, I ay any and all cos ee having conduc es for publicity po s or bacteria tha es, bodily fluids, b	I hereby sts incur cted the ourposes at spread blood pre	consent to emergency tr ed as a result of said treati inspection, I agree to expi from person to person, oducts, insect bites, or thre	eatment of my mind ment. I agree to care esssly assume the risl animal to person, or ough the air. All parti	fully inspect a c of participate from a surfacipants in rec	nd satisfy for myself ing at the premises. ace or a food. These reational activities n	l understa diseases nust comp
or any o child as a provided City reta Commun transmit all safety with stat By signin governm be expo permand represer	other insurance for program participants). As par a result of accident or injury. I further agree to part d are reasonably safe for their intended use. Once ains the right to use photos taken during activitie unicable diseases are illnesses caused by viruses tted through contact with contaminated surface by and preventative measures put in place by the	arent/guardian, I ay any and all cos we having conduct es for publicity pos s or bacteria that is, bodily fluids, be e City to reduce to all the applica greement, I acknoting in recreatic hereby release, vactions, damages	I hereby sts incur cted the burposes at spread blood pri the spre able com nowledg onal acti waive, costs o	consent to emergency tred as a result of said treatinspection, I agree to expire from person to person, oducts, insect bites, or thread of communicable dises municable diseases prevee the contagious nature of vities/training/rentals and venant not to sue, dischalar expenses of any kind ari	eatment of my mino ment. I agree to care ressly assume the risl animal to person, or ough the air. All parti ases. Safety measure entive measures requ of communicable di- that such exposure ge, and hold harmle sing out of or relatin	fully inspect a cof participat from a surfacipants in recessare subject frired by the City or infection ss the City of C	nd satisfy for myself ing at the premises. ace or a food. These reational activities n to change or revisi- ity of Calabasas and pluntarily assume the may result in perso Calabasas, its emplo	diseases nust comp on in acco other app te risk than nal injury, yees, age
or any o child as a provided City reta Commun transmit all safety with stat By signin governn be expo permane represer includes	other insurance for program participants). As participants are sult of accident or injury. I further agree to participants are reasonably safe for their intended use. Once ains the right to use photos taken during activities unicable diseases are illnesses caused by viruses teed through contact with contaminated surface y and preventative measures put in place by the ite and local guidance. In this agreement, I represent that I will adherements. Further, on my behalf, by signing this agosed to or infected to such diseases by participatent disability, and death. Further, on my behalf, I ntatives, of and from any such liabilities, claims, a participation of the surface of the such disabilities, claims, and death.	arent/guardian, I ay any and all cos we having conduct es for publicity posts s or bacteria that is, bodily fluids, be e City to reduce to all the applicat greement, I acknating in recreatic hereby release, we actions, damages negligence of the	I hereby sts incur cted the burposes at spread blood pri the spre able com nowledg onal acti waive, costs o	consent to emergency tred as a result of said treatinspection, I agree to expire from person to person, oducts, insect bites, or thread of communicable dises municable diseases prevee the contagious nature of vities/training/rentals and venant not to sue, dischalar expenses of any kind ari	eatment of my mino ment. I agree to care ressly assume the risl animal to person, or ough the air. All parti ases. Safety measure entive measures requ of communicable di- that such exposure ge, and hold harmle sing out of or relatin	fully inspect a cof participat from a surfacipants in recessare subject frired by the City or infection ss the City of C	nd satisfy for myself ing at the premises. ace or a food. These reational activities n to change or revisi- ity of Calabasas and pluntarily assume the may result in perso Calabasas, its emplo	diseases nust comp on in acco other app e risk tha nal injury, yees, agei
or any o child as a provided City reta Communitransmit all safety with stat By signing governme be expo permande represer includes	other insurance for program participants). As participants are sult of accident or injury. I further agree to participants are reasonably safe for their intended use. Once aims the right to use photos taken during activities are the right to use photos taken during activities are the right to use photos taken during activities are the right to use photos taken during activities and preventative measures put in place by the tean of local guidance. In this agreement, I represent that I will adhere the ments. Further, on my behalf, by signing this agosed to or infected to such diseases by participatent disability, and death. Further, on my behalf, I intatives, of and from any such liabilities, claims, as any claims based on the actions, omissions, or respectively.	arent/guardian, I ay any and all cos we having conduces es for publicity pos s or bacteria tha is, bodily fluids, be e City to reduce to all the applica greement, I ackn ating in recreatic hereby release, vactions, damages negligence of the	I hereby sts incur cted the burposes at spread blood prother spread able com- nowledg onal active, co- ss, costs of e City, its	consent to emergency tred as a result of said treatinspection, I agree to expire from person to person, oducts, insect bites, or thread of communicable dises municable diseases prevee the contagious nature of vities/training/rentals and venant not to sue, dischair expenses of any kind arie employees, agents, and respenses of any kind arie employees.	eatment of my mino ment. I agree to care ressly assume the risl animal to person, or ough the air. All parti ases. Safety measure entive measures requ of communicable di- that such exposure ge, and hold harmle sing out of or relatin	fully inspect a cof participat from a surfacipants in recessare subject frired by the City or infection ss the City of C	nd satisfy for myself ing at the premises. ace or a food. These reational activities n to change or revisi- ity of Calabasas and pluntarily assume the may result in perso Calabasas, its emplo	diseases nust compon in acco other app e risk tha nal injury, yees, ager
or any o child as a provided City reta Communitransmit all safety with stat By signing governme be expo permande represer includes	other insurance for program participants). As participants are sult of accident or injury. I further agree to participants are reasonably safe for their intended use. Once ains the right to use photos taken during activities are included in the right to use photos taken during activities are included in the right to use photos taken during activities are included in the right to use photos taken during activities are included in the right to use photos taken during activities and preventative measures put in place by the intended in the right and preventative measures put in place by the intended in the right and in the right activities are included in the right and the right activities, and death. Further, on my behalf, I intatives, of and from any such liabilities, claims, as any claims based on the actions, omissions, or right activities. The right to use program participation in the reasonable in the right and right activities. The right activities are reasonable in the right activities are reasonable in the right activities. The right activities are reasonable in the right activities are reasonable in the right activities. The right activities are reasonable in the right activities are reasonable in the right activities.	arent/guardian, I ay any and all cos we having conduces es for publicity pos s or bacteria tha is, bodily fluids, be e City to reduce to all the applica greement, I ackn ating in recreatic hereby release, vactions, damages negligence of the	I hereby sts incur cted the burposes at spread blood prother spread able com- nowledg onal active, co- ss, costs of e City, its	consent to emergency tred as a result of said treatinspection, I agree to expire from person to person, oducts, insect bites, or thread of communicable dises municable diseases prevee the contagious nature of vities/training/rentals and venant not to sue, dischair expenses of any kind arie employees, agents, and respenses of any kind arie employees.	eatment of my mino ment. I agree to care ressly assume the risl animal to person, or ough the air. All parti ases. Safety measure entive measures requ of communicable di- that such exposure ge, and hold harmle sing out of or relatin	fully inspect a cof participat from a surfacipants in recess are subject sired by the Co or infection of the correction	nd satisfy for myself ing at the premises. ace or a food. These reational activities n to change or revisi- ity of Calabasas and pluntarily assume the may result in perso Calabasas, its emplo	diseases nust compon in acco other app e risk tha nal injury, yees, ager