

Calabasas Recreation Registration Form

Adult Name (last, first): _____

Address: _____

City & Zip: _____

Home Phone: _____

Work Phone: _____

Code #	Class Name	Participants Name	Sex	Birthdate	Fee
Total Cost					

Check one: Group Private At-Home (No make-ups for group lessons)

Method of Payment: Cash Check MasterCard Visa

Name that appears on card: _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Please indicate if this participant has special needs:

Visually Impaired Hearing Impaired Mobility Impaired

Other Needs: _____

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 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 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.

Adult/Parent Signature _____

Date _____