Registration Form

PLEASE PRINT & FILL OUT COMPLETELY

Main Contact

☐ **Check this box if address or phone number has changed.**

Print Name: _____ **Address:** _____

City _____ **Zip** _____ **Home Phone (_____)**_____ **Work Phone (_____)**_____

Birth Date: _____ **E-mail Address**_____

For valuable consideration, I for myself, my successors, heirs, assigns, executors, spouse, administrators & next of kin **covenant not to sue, release, waive & discharge** the City of Long Beach, the Parks and Recreation Commission, their officials and employees ("City") from all liability, loss, damage, claims, demands, causes of action, costs & expenses including attorney's fees against City arising from my or my child(ren)'s participation in class & transportation connected with class; I **assume** all **risks** of personal injury & death including medical/hospital bills & damage to personal property arising from my or my child(ren)'s participation in class & transportation connected with class except if injury/death is caused by City's gross negligence. I understand that City provides no insurance for participants. **By signing below**, I acknowledge that I've read this Release, understand that I give up certain rights and sign voluntarily.

Signature _____ **Date** _____

Please list separately additional family members living with the Main Contact.

Last Name	First Name	Birthdate	Male/Female (circle one)
1			M / F
2			M / F
3			M / F
4			M / F
5			M / F
6			M / F

Class #	Student Name	Class Name	Day(s)	Start Date	Time	Fee

Refunds must be requested one working day prior to the first class. There is a $10 processing fee for each refund.

NO REFUNDS will be given on or after the day the class is scheduled to begin. Full refunds/credits will be given for classes canceled by the City. Please allow 3-4 weeks for refunds.

Total	**$**
Donation to Partners of Parks Youth Assistance Fund	**$**
Grand Total	**$**

Credit Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date _____

Method of Payment (Check One)

☐ Cash ☐ Master Card ☐ Visa

☐ Money Order ☐ Check. payable to : **City of Long Beach** include class #, complete address & phone #.

Mail registration forms and payment to:

City of Long Beach,
P.O. Box 15827,
Long Beach, CA 90815-0827
or FAX to (562) 570-3113

$15 service charge on returned or cancelled checks. Please DO NOT MAIL or DEPOSIT CASH in DROP BOX.
You will be informed if a class is full. Please retain class schedule for reference.

If you would like a confirmation notice, enclose a self-addressed, stamped envelope.

Registration/Reservations Office, 2760 Studebaker Road, (562) 570-3111. Open M-F, 9 a.m. - 5:30 p.m.