

Signal Hill Community Services

Class Registration

Main Contact Last Name _____ First Name _____

Work Phone: (____) _____ Emergency Number (____) _____

Address _____ City _____ Zip _____

E-Mail Address _____ Home Phone: (____) _____

Please list family members.

	Last Name	First Name	Adult	Child Birth Date	Male/Female
1.			<input type="checkbox"/>	<input type="checkbox"/> - -	M/F
2.			<input type="checkbox"/>	<input type="checkbox"/> - -	M/F
3.			<input type="checkbox"/>	<input type="checkbox"/> - -	M/F
4.			<input type="checkbox"/>	<input type="checkbox"/> - -	M/F
5.			<input type="checkbox"/>	<input type="checkbox"/> - -	M/F
6.			<input type="checkbox"/>	<input type="checkbox"/> - -	M/F

Last Name, First Name of Participant	Class Name	Start date	Day of the Week	Time	Fee
Total					

There is a \$5 administrative fee for refunds. \$15 service charge on all returned checks.

Indemnification:

In consideration for participation in the program offered above which is under the supervision of the City of Signal Hill, I, the undersigned, hereby agree to indemnify and hold harmless the City of Signal Hill, its officers, agents, representatives and/or employees, from any loss and/or liability including expenses and costs, that may result from any death or injuries or damage to property that I may sustain while participating in any activity connected with said program including but not limited to travel to and from the activity, whether such death or injury or damage to property is caused by the passive or active negligent act or omission of the City of Signal Hill, its officers, agents, representatives and/or employees, or any other cause except intentional torts, fraud, or violation of law. I agree that I will make no claim against the City of Signal Hill, its officers, agents, or employees for any injury or liability for which I have hereby indemnified the City.

I further agree to assume responsibility for reasonable safety inspection of any grounds, structure of facilities at any location where I participate in the above program.

I further agree the City of Signal Hill may take photographs of the participant during the program and may reprint and use such photographs at its discretion without compensation to the participant. Such use may include public display or reprinting in a newspaper or program advertisement.

I hereby represent that the participant is physically able to participate in the above program.

I have read this release:

Signature: _____ Date: _____

As: Parent ? Guardian ?

Please Sign _____ Date _____

Print Name _____ Method of Payment Check Money Order Cash