



City of San Clemente  
 Recreation Division  
 100 N. Calle Seville, San Clemente, CA 92672  
 Phone: (949) 361-8264 Fax: (949) 361-8280

## CLASS REGISTRATION FORM

Have you registered with us before? (Circle)    Yes    No

Adult Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Would you like a registration confirmation e-mailed to you? (Circle)    Yes    No

Barcode	Course Name	Participant's Full Name	Sex M/F	D.O.B. ( If under 18)	Fee
<b>Non-Residents of San Clemente need to add a \$3.00 non-resident fee for each class enrollment</b>				<b>Total Fee:</b>	

Check # \_\_\_\_\_ OR \*Visa or Mastercard Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### Release and Waiver of Liability and Indemnity Agreement

The undersigned hereby releases the City of San Clemente and its officers, agents and employees from all liability to the undersigned (and from any minor participants for whom the undersigned has the capacity to contract), thereby releasing, indemnifying, and holding harmless the City of San Clemente, its officers, agents, and employees from all liability to the undersigned (and said minors) for any loss or damage on account of physical, mental and emotional injury to the undersigned (of said minors) caused by negligence of the City of San Clemente, its officers, agents and employees. The undersigned hereby assumes full responsibility for, and the risk of, physical, mental and emotional injury due to the negligence of the City of San Clemente, its officers, agents and employees. The undersigned recognizes for himself or herself, and any minors, that the events and occurrences to which this release applies can be dangerous and as a result of signing below, the undersigned is accepting those risks for himself or herself, and for any minor participants for whom the undersigned can contract.

The undersigned hereby represents that he or she understands and is familiar with the nature of the activities in which the undersigned, and /or any minor, will participate in the San Clemente Recreation Program.

I, THE UNDERSIGNED, CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AS IT APPLIES TO MYSELF AND TO ANY MINORS FOR WHOM I AM SIGNING.

**PARTICIPANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 (Parent or Guardian Signature if under 18 years of age)