

# Fall Classes 2016 REGISTRATION FORM

Community Classes, Programs, Camps and Activities



Go to [www.smgov.net/reserve](http://www.smgov.net/reserve) for a complete listing of activities  
Resident ONLINE registration begins August 3 • Non-Resident registration begins August 10

## PRIORITY ONLINE REGISTRATION - SANTA MONICA RESIDENTS ONLY

Resident online registration for community classes begins August 3 at 6am. Registration August 3 through August 9 is ONLINE ONLY. Those that need computer access may register at a public library during regular business hours. Non-resident online registration begins August 10 at 6:00am. An account is required for all online registrations.

## REGISTER ONLINE AND GET IMMEDIATE REGISTRATION CONFIRMATION IT'S EASY — IT'S CONVENIENT

### Mail-in and Drop-off Registration — Complete information on both sides of this form

Completed resident and non-resident registration received by mail or dropped off will be processed beginning August 10 according to the date and time received at each registration office. *Incomplete registrations will not be processed.*

**Community Classes Office**  
2600 Ocean Park Blvd  
Santa Monica, CA 90404  
Phone: (310) 458-2239  
Fax: (310) 899-0840  
E-mail: [communityclasses@smgov.net](mailto:communityclasses@smgov.net)

**Santa Monica Swim Center**  
2225 16th Street  
Santa Monica, CA 90405  
Phone: (310) 458-8700  
Fax: (310) 450-5076  
E-mail: [aquatics@smgov.net](mailto:aquatics@smgov.net)

**Youth Office at Reed Park**  
1133 7th Street  
Santa Monica, CA 90403  
Phone: (310) 458-8540  
Fax: (310) 451-3569  
E-mail: [crest@smgov.net](mailto:crest@smgov.net)

### A: Participant Information

Full Name:	Birthdate:	Age:
Gender:	School:	Grade:
Address:		
City:	State:	Zip:
Main Phone:	Alternate:	Email:
Special Needs/Medications/Allergies:		

### B: Parent/Guardian Information

*Complete if participant is under the age of 18. Leave blank if information is same as above.*

Full Name:	Gender:	Birthdate:
Address:		
City:	State:	Zip:
Main Phone:	Alternate:	Email:

List adults over the age of 18 who are LOCAL and are authorized to pick up your child in the event that you cannot be reached during an emergency.

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

My child is at least 12 years of age and may sign themselves in or out at the end of the program: [ ] Yes [ ] No

### C: Proof of Residency Requirement

*Santa Monica residents must complete ONE of the following for residency verification purposes.*

Please Check:  California Driver's License #  California State ID #  Utility Company Account #  Consular Identification Card #  
Number:

### D: Camps, Classes & Activities

Section #	Activity Name	1st Choice Day/Time	2nd Choice Day/Time	3rd Choice Day/Time	Fee
Total Fees:					

### ATTENTION: REVERSE SIDE MUST BE COMPLETED

Form is not complete and will not be processed until the participant or parent/guardian:

- Has read and initialed the **Waiver, Release and Assumption of Risk** on the reverse side of this form.
- Has read, signed, and dated the **Photo Release and Refund Policy** on the reverse side of this form.

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