Fall Classes 2016 REGISTRATION FORM

Community Classes, Programs, Camps and Activities



Go to 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

Fax: (310) 899-0840 E-mail: 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

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

A: Participant I	nformation					
Full Name:				Birthdate:		Age:
Gender:	School:			Grade:		
Address:						
City:				State:	Zip:	
Main Phone:	Alternate:		Email:			
Special Needs/M	1edications/Allergies:					
B: Parent/Guar	dian Information	Complete if partici	pant is under the age	e of 18. Leave blank	if information is sam	ne as above.
Full Name:		Gender:		Birthdate:		
Address:						
City:				State:	Zip:	
Main Phone:	Alternate:		Email:			
List adults over temergency.	the age of 18 who are LOCAL and	I are authorized to pic	k up your child in t	he event that you	cannot be reache	d during an
Name:		Relationship:			Phone Number:	
Name:		Relationship:	Phone Number:			
My child is at lea	ast 12 years of age and may sign	themselves in or out a	it the end of the pr	ogram: [] Yes	[] No	
C: Proof of Resi	idency Requirement	Santa Monica resid	dents must complete	ONE of the followin	g for residency verifi	ication purposes.
Please Check:	☐ California Driver's License #	□ California State ID	# 🗆 Utility Comp	any Account #	Consular Identifi	cation Card #
Number:						
D: Camps, Class	ses & Activities					
Section #	Activity Nar	ne	1st Choice Day/Time	2nd Choice Day/Time	3rd Choice Day/Time	Fee

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.



Total Fees:

E. Form of Payment									
[] Check (Payable to City of Santa Monica)	[] Credit CardC	Circle: MasterCard /	Visa / Discover	AmEx					
[] Money Order		$\top \top \top \top \top$	$\top \Box \Box \Box \Box$	П					
[] Youth Financial Assistance				ш					
To apply, call (310) 458-2239, (310) 458-8540 or (310) 458-8700	Expiration Date: Month Year								
Name (Print as it appears on the card):									
	Signature: x								
If account becomes delinquent, future prog	gramming could be	interrupted. If deli	inquent, account ma	y be referred to					
a third party collection agency.									
PARTICIPANT/GUARDIA	AN WAIVER •	REFUNDS •	PHOTO RELE	ASE					
Waiver, Release and Assumption of Risk									
In consideration of the applicant's particip	ation in the activity	y(ies) for which I am	n registering, I waive	and release all					
claims for damages from death, personal i activity. This discharges in advance the Cit	njury or property d	lamage that may or	cur as a result of en	gaging in that					
though that liability may arise out of their									
willingly assume the risk. This waiver, rele	ase and assumptior	n of risk is binding c	on my heirs and assig	gns. I give					
permission for any medical care that leade	ers of the activity(le	es) deem necessary.	•						
INITIAL HERE:	_								
Refund Policy									
COMMUNITY CLASSES, COMMUNITY AQU	ATICS, CREST SPOR	TS, AND CREST ENF	RICHMENT: A \$15.00	processing fee					
applies for each activity session refunded. by fax, mail, or email. Refunds will be issue	ed only if requested	d within one day aft	er the first class me	eting.					
CREST CLUB, HOMEWORK CLUB, AM CARE, LATE START DAY AM CARE, PM EXTENDED CARE: Withdrawal of a child									
from the CREST Program requires that the Site Coordinator be notified in writing at least one month prior to the withdrawal. Fees are not prorated. Returning participants will be charged the \$50.00 registration fee.									
CAMPS: Refunds will be issued with medic	al documentation o	or if requested at le	ast 5 calendar days	prior to the first					
meeting. Refunds will be prorated. A \$15.0	00 processing fee a	pplies for each acti	vity session refunde	d. Requests					
must be made in writing to the Program Supervisor in person or by fax, mail or email. WORKSHOPS AND INDIVIDUAL CLASSES: Registration and material fees are nonrefundable.									
REFUNDS FOR DUPLICATE/MULTIPLE ENRO	OLLMENTS resulting	g from multiple reg	istration submission	is (at one or					
more offices or via online registration) will	be subject to a \$1!	5.00 processing fee	for each activity se	ssion refunded.					
Photo Release									
I hereby consent to the photographing, re	cording and reprod	luction in any mann	er (including use of	video and					
audiotapes) of the likeness, voice, and/or Monica, its agents or assigns, to make unli									
broadcasting of the reproduction over rad	io, television, and o	on the internet. I ur	nderstand that I will	not receive any					
monetary compensation now or in the fut Santa Monica, its officers and employees f		g. I do hereby relea	se and hold harmles	ss the City of					
Anyone who does not wish to consent to the	•	rovision should call	Community Classes	Office at (310)					
458-2239.	Te i moto nereuse pr	TOVISION SHOULD CAN		Office at (310)					
Authorization									
By signing below, I acknowledge that I have read participation in City of Santa Monica community	the information above	e. I understand and agr	ee to the terms and cor	nditions of					
		and destricted	_						
Signature	Print Name		Date						
FOR OFFICE USE ONLY									
Date	Check #		eceipt #						
		, · · ·							