

COMMUNITY SERVICES Disability Services

PROGRAM REGISTRATION APPLICATION

Please use this form for walk-in or mail-in registration. Print all information and fill out application completely. A completed form is needed for all registrations. Registration is also available online at <u>yourirvine.org</u>.

HOME PHONE* ALTERNATE PHONE* EMERGENCY CONTACT NAME* EMERGENCY CONTACT PHONE* ACCOMMODATIONS NEEDED? YES NO COURSE INFORMATION PROGRAM COURSE# DATE PRICE 1. 2. 3. WAIVER AND CONSENT ACKNOWLEDGMENT Participants and/or legal guardians agree to the following: IN CONSIDERATION of accepting this registration to participate in any way, and to the exte permitted by law, I hereby agree to release, indeminify, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity contract) the City of Irvine and its officers, clients, agents, contractors, instructors, authorized volunteers, and employees from and against any and all liabilitic datains, penalities, losses, or expenses (including abut not limited to COVID-19), property damage or any other form of injury or loss to myself (and to any minor children for whom I have the capacity to contract), caused by any negligent act or omission of the City of Irvine or its officers, clients, agents, contractors, instructors, authorized volunteers, and employees from and against any and all liabilitic contract), caused by any negligent act or omission of the City of Irvine or its officers, clients, agents, contractors, instructors, authorized volunteers, and employees from and against any and all liabilitic capacity to contract), caused to a variety and the capacity to contract or of the City of Irvine or its officers, clients, agents, contractors, instructors, authorized volunteers or the capacity to contract or participate in any way, I acknowledge that the activity/activities for which I (and any minor children for whom I have the capacity to contract) to risks of personal injury, death, communicable diseases, lillnesses, viruses fincluding but not limite to COVID-19, and property damage, and as a result of signing below, if an accepting those risks for myself and for any participants for whom I have the capacity to contract by ordine to take photographs of me or my children while participating minor, do hereby constitute and a	PARTICIPANT INFORMATION PARTICIPANT LAST NAME*		PARTICIPANT FIRST NAME*			BIRTHDATE*	
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are not present with the minor. By agreeing to this waiver, I am also agreeing to the City's Registration Cancellation, Withdrawal & Refund Policies, available by clicking the Policies button the yourirvine.org home page or on the City's website at cityofirvine.org/insideirvine. SIGNATURE* DATE (Parent/Guardian must sign for participants under 18 years of age) PAYMENT (Make check payable to CITY OF IRVINE) **A CONVENIENCE FEE will be charged for transactions over \$20: \$2.50 for credit/debit; \$1.00 for cash/check CHECK NO.* ACCOUNT CREDIT **FEE CASH (Walk-in only) CREDIT CARD (CS staff will contact you to process your payment.) GRAND TOTAL = NOTE: If the check amount is more than required, additional monies will be put on account for future registrations; if the check is less than required, the application will required.	any minor children for whom I have the capt to COVID-19), and property damage, and as I give permission to the City of Irvine to tak understand that I will not receive any competer Consent for Treatment of a Minor: This is Irvine or its representatives as my true and child for medical care or treatment, (ii) sharing transport or in-transport emergency medical treatment and/or procedures as deemed not consent to COVID and the COVID a	acity to contract) to risks of per a result of signing below, I am a se photographs of me or my consation for such use. to certify that I, the parent or I lawful attorney, solely, and with ag of my child's name and infor al care or treatment as deemed ecessary by a licensed physicia	sonal injury, death, comm accepting those risks for n hildren while participating egal guardian of the parti th the power to authorize mation about the emerge d necessary by responding an or qualified healthcare	unicable diseases, illnes nyself and for any minor g in this activity/activition cipating minor, do here and consent to (i) use ncy with emergency per g emergency personnel provider. This power of	see, viruses (inc participants fo es for use in fu by constitute a of an ambulant rsonnel, (iii) adr , (iv) and the po f attorney is o	cluding but not limited or whom I can contract ture City publicity and appoint the City of ce for transporting my ministration of any pre- erformance of medica nly effective when the	
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DELIVERY METHODS: -WALK-IN: Sweet Shade Ability Center, 15 Sweet Shade, Irvine, Weekdays: 10 a.m. - 6 p.m.

or unless compelled by a court order, it will not be shared with other agencies, businesses or individuals.

utilized by the City for the specific and limited purpose of future City correspondence regarding the subject-matter of this form. Pursuant to Measure S, an initiative ordinance passed by City voters in 2008, the personal information noted by an asterisk (*) on this form will be kept confidential. Unless you expressly indicate to us otherwise