



PROGRAM REGISTRATION APPLICATION

Please use this form for in-person registration only. Registration is also available online at yourirvine.org. For questions, please call 949-724-6610 or email at yourirvine@cityofirvine.org

PAYEE/ADULT INFORMATION (Please print all information)			
ADULT LAST NAME	ADULT FIRST NAME	BIRTHDATE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS		CITY	ZIP
HOME PHONE	ALTERNATE PHONE <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE	EMAIL	

OTHER HOUSEHOLD MEMBERS (Including spouse, children, etc.)				
LAST NAME	FIRST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE	PHONE <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> WORK <input type="checkbox"/> MOBILE

PARTICIPANT AND COURSE INFORMATION (Attach additional sheets if needed)				
PARTICIPANT NAME	COURSE# AND TITLE	START DATE	ALTERNATE COURSE#	FEE
NON-RESIDENT FEE: (\$5 x number of courses priced \$11-\$74; \$10 x number of courses priced \$75+) =				
CONVENIENCE FEE: (For transactions over \$20: \$2.50 for credit/debit; \$1.00 for cash/check) =				
GRAND TOTAL: (Please make checks payable to CITY OF IRVINE) =				

WAIVER (Read and sign Waiver; Registration will not be processed unless Waiver is signed)

Participants and/or legal guardians agree to the following: IN CONSIDERATION of accepting this registration to participate in any way in this calendar year, and to the extent permitted by law, I hereby agree to release, indemnify, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract) the City of Irvine and its officers, clients, agents, contractors, instructors, authorized volunteers, and employees from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys' fees), of any kind or nature whatsoever, whether related personal injury, death, communicable diseases, illnesses, viruses (including but 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, or employees, arising out of or in any way related to participation in the activity/activities for which I (and any minor children for whom I have the capacity to contract) register to participate in any way in this calendar year. I acknowledge that the activity/activities to which this release applies can be dangerous and can expose me (and to any minor children for whom I have the capacity to contract) to risks of personal injury, death, communicable diseases, illnesses, viruses (including but not limited to COVID-19), and property damage, and as a result of signing below, I am accepting those risks for myself and for any minor participants for whom I can contract. I give permission to the City of Irvine to take photographs of me or my children while participating in this activity/activities for use in future City publicity and understand that I will not receive any compensation for such use.

Consent for Treatment of a Minor: This is to certify that I, the parent or legal guardian of the participating minor, do hereby constitute and appoint the City of Irvine or its representatives as my true and lawful attorney, solely, and with the power to authorize and consent to (i) use of an ambulance for transporting my child for medical care or treatment, (ii) sharing of my child's name and information about the emergency with emergency personnel, (iii) administration of any pre-transport or in-transport emergency medical care or treatment as deemed necessary by responding emergency personnel, (iv) and the performance of medical treatment and/or procedures as deemed necessary by a licensed physician or qualified healthcare provider. This power of attorney is only effective when the above identified minor is in the care of the City of Irvine, or participating in a program sponsored by the City of Irvine, and the minor's parent(s) or guardian(s) is/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 on 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)