



City of Laguna Niguel
Parks and Recreation Department
REGISTRATION FORM
ONE FORM PER PERSON REQUIRED

Contact Information:

Crown Valley Park
 29751 Crown Valley Parkway
 Laguna Niguel, CA 92677
 (949) 425-5100

Registration@CityofLagunaNiguel.org

PARTICIPANT'S NAME: _____ SEX ____ D.O.B ____/____/____ GRADE _____

PARENT/GUARDIAN NAME (if participant is a minor): _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE (____) ____ - ____ WORK PHONE (____) ____ - ____ CELL PHONE (____) ____ - ____

EMAIL ADDRESS _____ @ _____

EMERGENCY CONTACT (other than parent) _____ PHONE (____) ____ - ____

MEDICAL INFORMATION _____

If you need special assistance, please contact the Parks and Recreation Department at least one week prior to the start of activity.

ACTIVITY #	NAME OF ACTIVITY	DAY/TIME	CHECK #	FEE

I voluntarily agree to have myself or my child participate and I realize that every precaution is taken to eliminate any injury or hazards to myself or my child, and that a competent supervisor is present; however, in the event of any injury to myself or my child, I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for personal property damage which may arise in connection with the program, against the City of Laguna Niguel and all it's officers, agents and employees.

I give consent to any X-Ray examination, anesthetic, medical or surgical diagnosis tendered under the general or special supervisor of any member of the medical staff and emergency room staff licensed under the Medicine Practice Act or a dentist licensed under the Dental Practice Act or the staff of any acute General hospital holding a license to operate from the California Department of Public Health. It is understood that this authorization is given in advance of diagnosis, treatments, or hospital care being required but is given to provide the aforementioned medical/dental personnel authority to render care as they deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment, but that treatment will not be withheld if the undersigned cannot be reached.

I permit the use of activity/event photography and/or video of my child or myself for LN Parks & Recreation media promotion.

I HAVE READ AND UNDERSTAND THIS RELEASE FROM LIABILITY AND THE CANCELLATION/REFUND POLICY.

_____ Date ____/____/____

(Signature) Parent or Guardian must sign for those under 18 years of age

PAYMENT INFORMATION:



NAME ON CARD _____

CREDIT CARD NUMBER _____ EXP DATE ____/____/____

3-DIGIT CVC CODE _____