



**CITY OF LAGUNA NIGUEL
PARKS AND RECREATION DEPARTMENT**

Activity Registration Information

REGISTER TODAY!

Contact Information:
Crown Valley Park
29751 Crown Valley Parkway
Laguna Niguel, CA 92677
(949) 425-5100
Registration@CityofLagunaNiguel.org

4 EASY WAYS...

ONLINE

Register online at:
cityoflagunaniguel.apm.activecommunities.com

Receive instant confirmation when you register online!

New users need to set up an account.

NOTE: A non-refundable convenience fee will apply. See scale below.

IN OFFICE

Walk into the Parks and Recreation office at Crown Valley Park and register during business hours:

M-Th. . . 7:30am-5:30pm
F 8am-6pm
Sat/Sun. Closed

*NOTE: Office closed May 29, July 4, Sep 4
See page 1 for more information.
Questions? Call (949) 425-5100*

FAX IN

FAX (949) 249-1115
Please include your credit card information and signature on registration form.

MAIL IN

Mail your completed registration form to:

**Parks & Recreation Dept.
29751 Crown Valley Pkwy.
Laguna Niguel, CA 92677**

Make sure to include your credit card information or a check, made payable to the City of Laguna Niguel.

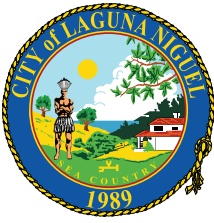
IMPORTANT INFORMATION

- Use registration form on next page for activities with an activity # only! One form per person required.
- All fees must be paid in full at time of registration.
- You will receive an email confirmation of enrollment for faxed, mailed or online registrations. Walk in registrations will receive a printed confirmation.
- Class fees will NOT be pro-rated unless a doctor's note is received. Doctor's note must be received before the last day of class.
- Register early. Enrollment in classes is limited. If minimum enrollment is not met, activities are subject to cancellation.
- Laguna Niguel residents may have a priority registration date for City activities. After that date, the activity will be open to non-residents as well as residents.
- Refund policies are specific to the location where the activity is held. Please read all refund policies before signing up for an activity.
- Java Script 1.5 or 1.6 is required for online registration. If your computer does not have Java script or if you are unable to update an older version, you may be unable to register online.
- You may also register for classes/excursions at Sea Country Center and register for skateboard lessons at the Skatepark.
- Online convenience fee scale: (Up to \$149) 6.5% of registration fee + \$.50, with minimum \$2; (\$150-\$500) 3.5% of registration fee + \$5; (Over \$500) 2.5% of registration fee + \$10.

REFUND POLICIES

- A refund will be given if the City cancels a City sponsored activity. Online convenience fees will not be refunded.
- A full refund (minus online convenience fees) will be given for cancellation of any activity with a doctor's medical excuse prior to the commencement of activity. If a participant cancels due to illness during a session, the class fee will be pro-rated, but the note must be received before the last day of class.
- No refunds will be issued for no-shows, special events or excursions.
- Activities with an activity # are only transferable to another activity with an activity # and are based on availability.
- If patron cancels five (5) or more business days prior to the activity, patron will receive a refund, minus a \$10 transaction fee.
- A cancellation made four (4) or less business days prior to the activity will result in the forfeiture of the entire class fee.
- No fee for transfers into another activity with an activity number.
- No fee for a non-refundable credit on your ActiveNet account.





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

Contact Information:

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 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 its 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 _____