



CITY OF SAN JUAN CAPISTRANO COMMUNITY SERVICES DEPARTMENT ACTIVITY REGISTRATION FORM

25925 CAMINO DEL AVION, SAN JUAN CAPISTRANO, CA 92675

P: 949-493-5911 F: 949-661-6660 WWW.SANJUANCAPISTRANO.ORG

Name: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

CLASS NAME	CLASS #	FEE	PARTICIPANT'S NAME	DATE OF BIRTH	GENDER

Total Fees Enclosed: _____

Release and Waiver of Liability Agreement:

In consideration of accepting this registration, I hereby agree to indemnify and hold harmless the City of San Juan Capistrano and any of its officers, agents, or employees from any liability or claim or action for damages resulting from or in any way arising out of the participation in this program by the person registered.

ADA:

The City of San Juan Capistrano complies with the Americans with Disabilities Act by providing reasonable accommodations and assistance to individuals with disabilities who would like to participate in our programs. Please call (949) 493-5911 for more information.



Please mail or drop off your Registration Form to the Community Services Department:

25925 Camino Del Avion, San Juan Capistrano, CA 92675

Signature: _____ Date: _____

Date Entered: _____ (for office use only)

Form of Payment:

Visa MasterCard American Express Discover

Card Number _____ Vin # _____
(3 or 4 digit # on card)

Exp. Date _____ / _____ Signature X _____
Month Year as shown on credit card

Check or Money Order Enclosed Check Number _____