



## COMMUNITY SERVICES

# PROGRAM REGISTRATION APPLICATION

Please use this form for fax, walk-in or mail-in registration. Registration is also available online at [www.irvinequickreg.org](http://www.irvinequickreg.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"/> CELL	E-MAIL FOR FURTHER NOTIFICATION	

### OTHER HOUSEHOLD MEMBERS (Including spouse, children, etc.)

LAST NAME	FIRST NAME	GENDER	BIRTHDATE	PHONE
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> WORK <input type="checkbox"/> CELL
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> WORK <input type="checkbox"/> CELL
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> WORK <input type="checkbox"/> CELL

### MEMBERSHIP (Not required)

50+ GOLD CARD (Adults 50 years and older): ☐ \$10 IRVINE FINE ARTS: ☐ \$40 Individual ☐ \$60 Household ☐ \$25 Senior/Student

### PARTICIPANT AND COURSE INFORMATION (Attach additional sheets if needed.)

PARTICIPANT'S NAME	COURSE# AND TITLE	START DATE	ALTERNATE COURSE#	FEE

NON-RESIDENT FEE: (\$5 x number of courses priced \$10-\$74) =

NON-RESIDENT FEE: (\$10 x number of courses priced \$75+) =

GRAND TOTAL: (Please make checks payable to CITY OF IRVINE) =

### WAIVER (Read and sign Waiver. Registration will not be processed unless the Waiver is signed.)

In consideration of accepting this registration 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 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 to bodily injury, 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 or employees, arising out of or in any way related to participation in the activity for which I (and any minor children for whom I have the capacity to contract) am registering. I acknowledge that the activity to which this release applies can be dangerous, 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 for use in future City publicity and understand that I will not receive any compensation for such use.

X \_\_\_\_\_ DATE \_\_\_\_\_

I certify that I have read and understand this Waiver and Release as it applies to myself and to any minors for whom I am signing.

(Parent/Guardian must sign for participants under 18 years of age)

### PAYMENT (Make check payable to CITY OF IRVINE. Cash is only accepted with walk-ins only.)

<input type="checkbox"/> CHECK NO. _____	<input type="checkbox"/> MONEY FROM ACCOUNT \$ _____	<input type="checkbox"/> CASH \$ _____
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD # _____	EXP DATE _____	
<input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER		

**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 not be processed.

SIGNATURE \_\_\_\_\_

### DELIVERY METHODS

-AUTOMATED: Online at [www.irvinequickreg.org](http://www.irvinequickreg.org) or by Touch-Tone at (949) 222-2251

-FAX: (949) 724-6608

-WALK-IN: 1 Civic Center Plaza, 2nd Floor, Community Services

-MAIL: CS-Reg, P.O. Box 19575, Irvine, CA 92623-9575

The City of Irvine takes your privacy seriously. This form asks you to provide the City with certain personal information. Such information is being requested and will be 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, all information provided on this form will be kept confidential. Unless you expressly indicate to us otherwise or unless compelled by a court order, it will not be shared with other agencies, businesses or individuals.