

COMMUNITY SERVICES

PROGRAM REGISTRATION APPLICATION

Please use this form for fax, walk-in or mail-in registration. Registration is also available online at <u>www.irvinequickreg.org</u>.

PAYEE/ADULT INFO	<u> </u>	ION (Please print	all information.)				
ADULT LAST NAME	A	DULT FIRST NAME		E	BIRTHD	DATE	GENDE	ER
							🗌 M	F
ADDRESS	·			(CITY		ZIP	
HOME PHONE	A	LTERNATE PHONE			E-MAIL	FOR FURTHER NOT	TIFICATION	1
				ORK ELL				
OTHER HOUSEHOL								
LAST NAME FIRST		ME		BIRTH	IDATE PHONE			
			F					
			□ M □ F					WORK CELL
			□ M □ F					□ WORK □ CELL
MEMBERSHIP (Not req	uired)							
50+ GOLD CARD (Adults 50 years	and older):	\$10 IRVINE FIN	ie arts: 🗌 \$40) Indivi	dual [\$60 Household	\$25 Senio	or/Student
PARTICIPANT AND	COURS	SE INFORMA	TION (Atta	ch add	itional	sheets if needed.)		
PARTICIPANT'S NAME	COURSE	# AND TITLE		START	DATE	ALTERNATE COUR	RSE#	FEE
		NO	N-RESIDENT FI	EE: (\$5	x num	per of courses priced	\$10-\$74) =	
		N	ON- RESIDENT	FEE: (\$	10 x nu	Imber of courses pric	ed \$75+) =	
						cks payable to CITY O		
WAIVER (Read and sign Wa	nivor Pogici				-		/ ((((((((((((((((((((((((((((((((((((
In consideration of accepting this registr any minor children for whom I have the penalties, losses, or expenses (including loss to myself (and to any minor children or employees, arising out of or in any way I acknowledge that the activity to which participants for whom I can contract.	ation and to th capacity to cor attorneys' fees for whom I ha y related to par	e extent permitted by law htract) the City of Irvine an l, of any kind or nature wh ve the capacity to contract ticipation in the activity fo	 I hereby agree to d its officers, client hatsoever, whether caused by any ne or which I (and any r 	release, s, agents related t egligent a minor ch	indemni and em o bodily act or om ildren for	fy, defend and hold harm ployees from and against injury, property damage c ission of the City of Irvine r whom I have the capacit	any and all lia or any other fo or its officers, y to contract) a	bilities, claims, orm of injury or clients, agents am registering.
I give permission to the City of Irvine to not receive any compensation for such us		ohs of me or my children v		in this a	ctivity for			tand that I will
I certify that I have read and understan		and Release	X (Parent/Guardia	n must	sian for	participants under 18 y		
as it applies to myself and to any mino					-		ears of age)	
PAYMENT (Make check pa	ayable to Cl			with w	alk-ins		ć	
		MONEY FROM A	CCOUNT \$ _			CASH	-	
	#					EXP	DATE	
NOTE: If the check amount is more than future registrations; if the check is less that				INATU	RE			
DELIVERY METHOD								
-AUTOMATED: Online at <u>www.irvin</u> -WALK-IN: 1 Civic Center Plaza, 2nd		949) 222-2251			49) 724-6608 CS-Reg, P.O. Box 19575,	Irvine, CA 92	2623-9575	