Registration Information

4 FAST & EASY WAYS!

1. WALK-IN:
La Habra Community Center
101 W. La Habra Blvd.
La Habra, CA 90631
In Person: 8am to 5pm
Monday through Friday
Mail Box Drop in Lobby (NO CASH): 8am to 9pm
Monday through Thursday

2. ONLINE:
Accepted only if charging to your credit or debit card.
VISA or MASTERCARD
Online service fee will apply
Website:
https://apm.activecommunities.com/cityoflahabra/Home

3. PHONE-IN:
Accepted only if charging to your credit or debit card.
VISA or MASTERCARD
$1.75 processing fee
Telephone:
562-383-4200

4. MAIL-IN:
Make checks payable to:
City of La Habra

Mail check to:
La Habra Community Services
P.O. Box 337
La Habra, CA 90633

Registration will not be taken in class.

GENERAL POLICIES

1. Make checks payable to City of La Habra.
2. The Department has the right to cancel classes/trips.
3. Classes will be cancelled if under minimum enrollment.
4. A $25 fee will be charged for returned checks.
5. Registration *will not* be taken in class.
6. Program information is subject to change.
7. Participant's photographs may be used in publicity.

POLICY REGARDING REFUNDS

1. $6 service charge per activity on all requested refunds.
2. No refunds after the 1st class meeting. Refunds must be requested prior to the date of the second class meeting.
3. If class or trip is cancelled by the Department, an automatic refund will be processed and mailed to you. (No service charge.)
4. Online service fees are NOT refundable.

La Habra Community Services Department, 101 W. La Habra Blvd., L.H. 90631 · Monday-Friday · 8:00 a.m. to 5:00 p.m.

ACTIVITY REGISTRATION FORM *PLEASE PRINT & FILL OUT COMPLETELY*

ADULT'S NAME

FIRST: _____ **LAST:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

CELL#: _____ **HOME#:** _____ **EMAIL:** _____

ACTIVITY NAME	ACTIVITY NUMBER	PARTICIPANT NAME		CHILDREN'S ACTIVITIES		ACTIVITY FEE
		FIRST	LAST	BIRTH DATE	SEX	
					Total	$

☐ CASH ☐ CHECK *(Make check(s) or money orders payable to: CITY OF LA HABRA)*

WAIVER OF LIABILITY "I agree to waive and release the Community Services Department and the City, its officers, agents, and employees from and against any and all claims, costs, liabilities, expenses or judgements, including attorney's fees and court costs arising from my (or my child's) participation in the City's recreation program of any illness/injury resulting therefrom and hereby agree to indemnify and hold harmless the City from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from, gross negligence or willful misconduct on the part of the City or its employees. I understand and agree that by signing this waiver I am freeing the City, its employees, officers or agents from any liability resulting from my (or my child's) participation in this sponsored event or activity. I recognize that the event can be dangerous to me (or my child) and accept those dangers. I understand that if I am (or my child is) injured this waiver will be used against me and anyone else claiming damage because of my (or my child's) injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver. I hereby represent that I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreation program that I (or my child) am in good physical health and that I (or my child) do not have physical or emotional conditions, past or present, of which I am aware, which would in any way affect my (or my child's) ability to participate in this activity. I have personally read and understand this waiver."

In case of emergency, I give my permission for emergency medical treatment for myself or the minor and agree to pay any cost incurred as a result of such treatment. I also give my permission for any photographs taken of myself or any member of my family to be used for advertising purposes for the Community Services Department. I understand that on excursions, if I (or my child) fail to report to the bus at the specified time of departure, the City is NOT responsible for providing alternate transportation to or from the site. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant and received by the City. My signature acknowledges that I understand and agree to the above conditions. Refunds for trips only if the ticket can be resold. No class refunds after the first class meeting. Refunds must be requested prior to the third class meeting. A $6 SERVICE CHARGE WILL BE HELD FROM ALL APPROVED REFUNDS.

_____ _____/_____/_____

Signature (If Minor, Parent or Legal Guardian Signature) **Date**