

Registration Form

Customer Name _____

E-mail _____

Address _____

City _____

Zip _____

Phone (Day) _____

(Cell Phone) _____

Class Code #	Name of Class	Participant Name (Last, First)	Age	Birth Date	Fee
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	

For Mail-In Registrations only:

- Visa
 Mastercard

Check # _____
 Made payable to: City of Chino Hills

Card #

- - -

Exp. Date

NAME AS IT APPEARS ON CARD _____

For Office Use Only

Subtotal

Non-Resident Fee
\$5 x _____
(# of classes)

Total

Receipt

Staff Initials

I understand that a \$10 processing charge will be deducted from all requested refunds.

I agree to hold harmless the City of Chino Hills, the Community Services Department, the Chino Valley Unified School District, the County Superintendent of Schools, and all of their employees and/or agents from any and all injuries, losses, damages, and liability occurring from my and/or my child's participation in the activity for which I have enrolled. I also agree to be professionally photographed or video taped, and/or agree to have my child professionally photographed or video taped, and release the use of the photographs or videos for publicity in City of Chino Hills publications and other public information tools.

Signature Required _____

Date _____