

REGISTRATION

NOTE: Fees for classes DO NOT include additional costs that may be required (i.e. ballet slippers, leotards, martial arts uniforms, tap shoes, materials fees, etc.)



FILL OUT COMPLETELY - PLEASE PRINT

ADULT LAST NAME	FIRST	MI
Address	City	Zip
Home Phone	Cell Phone	
Email		

PARTICIPANT INFORMATION - PLEASE PRINT

*Does the participant need special accommodations for a successful experience? 

Class #	Swim Sess.	Class Title	Participant's Last Name	First Name	MI	Sex	Date of Birth	Fee	Y*N*

Please choose classes carefully, the NO REFUND Policy will be followed. Returned Checks: TOTAL FEES DUE
 There will be a minimum service charge of \$30 on all checks returned from the bank.

READ, SIGN AND DATE WAIVER BELOW. Unsigned waivers will cause your registration to be returned unprocessed.
ACCIDENT WAIVER AND RELEASE OF LIABILITY (AWRL)

I _____ (REGISTRANT), and I _____ *(REGISTRANT's parent or guardian),
 acknowledge that I shall defend, indemnify, and hold harmless the City of Chula Vista, its elected and appointed officials, employees, agents, contractors,
 and volunteers from and against any and all claims, demands, causes of action, costs, expenses, liability, loss damage or injury, in law or equity, to
 property or persons, including wrongful death, in any manner arising out of or incident to any alleged negligent acts, omissions or willful misconduct of
 Applicant and its respected officials, officers, employees, agents, contractors, and volunteers arising out of or in connection its use of the property
 designated. This indemnity provision does not include any claims, damages, liability, costs and expenses (including without limitations, attorneys fees)
 arising from the sole negligence, active negligence or willful misconduct of the City, its elected and appointed officials, officers, employees, agents,
 contractors, and volunteers. Also covered is liability arising from, connected with, caused by or claimed to be caused by active or passive negligent acts
 or omissions of the Applicant and its respected officials, officers, employees, agents, contractors, volunteers, or any third party.

I hereby grant the City of Chula Vista, their legal representatives and assigns (including any agency, client, or publication), irrevocable permission to
 publish photographs of me taken at a City facility or event. These images may be published in any manner, including advertising, periodicals, greeting
 cards and calendars. Furthermore, I will hold harmless the City of Chula Vista, their representatives and assigns, from any liability by virtue of any
 blurring, distortion or alteration that may occur in producing the finished product, unless it can be proven that such blurring, distortion or alteration was
 done with malicious intent toward me. I have read this release and fully understand its contents.

REGISTRANT's / Parent or Guardian's Signature _____ Date _____

Make checks payable to "CITY OF CHULA VISTA" *Individuals who do not reside within the city limits of Chula Vista must pay the
 nonresident fee listed for each class. Failure to send correct amount could result in delay or denial of your priority class.
 Send your registration to the Recreation Department for all recreational classes. Be sure to indicate session number for all swimming classes.

RECREATION CLASSES:
 City of Chula Vista Recreation Department, 276 Fourth Avenue, Bldg. C, Chula Vista, CA 91910
 Attention: Registration

FOR OFFICE USE ONLY: Amount Enclosed: \$ _____ CK/MO# _____ CC (last 4) # _____ City Receipt # _____
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