



PROGRAM REGISTRATION APPLICATION

Please use this form for walk-in or mail-in registration. Print all information and fill out application completely. A completed form is needed for all registrations. Registration is also available online at yourirvine.org.

PARTICIPANT INFORMATION

PARTICIPANT LAST NAME*		PARTICIPANT FIRST NAME*		BIRTHDATE*
ADDRESS*		CITY		ZIP
HOME PHONE*	ALTERNATE PHONE*	EMAIL*		
	<input type="checkbox"/> WORK <input type="checkbox"/> CELL			
EMERGENCY CONTACT NAME*	EMERGENCY CONTACT PHONE*	ACCOMMODATIONS NEEDED?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

COURSE INFORMATION

PROGRAM	COURSE#	DATE	PRICE
1.			
2.			
3.			

2023 WAIVER AND CONSENT ACKNOWLEDGMENT

Participants and/or legal guardians agree to the following: IN CONSIDERATION of accepting this registration to participate in any way in the calendar year 2023, 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, contractors, instructors, authorized volunteers, 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 personal injury, death, communicable diseases, illnesses, viruses (including but not limited to COVID-19), 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, contractors, instructors, authorized volunteers, or employees, arising out of or in any way related to participation in the activity/activities for which I (and any minor children for whom I have the capacity to contract) register to participate in any way in the calendar year 2023. I acknowledge that the activity/activities to which this release applies can be dangerous and can expose me (and to any minor children for whom I have the capacity to contract) to risks of personal injury, death, communicable diseases, illnesses, viruses (including but not limited to COVID-19), and property damage, 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/activities for use in future City publicity and understand that I will not receive any compensation for such use.

Consent for Treatment of a Minor: This is to certify that I, the parent or legal guardian of the participating minor, do hereby constitute and appoint the City of Irvine or its representatives as my true and lawful attorney, solely, and with the power to authorize and consent to (i) use of an ambulance for transporting my child for medical care or treatment, (ii) sharing of my child's name and information about the emergency with emergency personnel, (iii) administration of any pre-transport or in-transport emergency medical care or treatment as deemed necessary by responding emergency personnel, (iv) and the performance of medical treatment and/or procedures as deemed necessary by a licensed physician or qualified healthcare provider. This power of attorney is only effective when the above identified minor is in the care of the City of Irvine, or participating in a program sponsored by the City of Irvine, and the minor's parent(s) or guardian(s) is/are not present with the minor.

By agreeing to this waiver, I am also agreeing to the **City's Registration Cancellation, Withdrawal & Refund Policies**, available by clicking the Policies button on the yourirvine.org home page or on the City's website at cityofirvine.org/insideirvine.

SIGNATURE* _____ DATE _____ (Parent/Guardian must sign for participants under 18 years of age)

PAYMENT (Make check payable to CITY OF IRVINE)

**A CONVENIENCE FEE will be charged for transactions over \$20: \$2.50 for credit/debit; \$1.00 for cash/check

<input type="checkbox"/> CHECK NO.* _____	<input type="checkbox"/> ACCOUNT CREDIT _____	SUBTOTAL = _____
<input type="checkbox"/> CASH (Walk-in only)	<input type="checkbox"/> CREDIT CARD (CS staff will contact you to process your payment.)	**FEE = _____
		GRAND TOTAL = _____

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. Credit/Monies not used within 18 months will be refunded less applicable processing fees.