



SUPPLEMENTAL TENNIS REGISTRATION

Please use this form for in-person registration. Registration is also available online at yourirvine.org.

PAYEE/ADULT INFORMATION (Please print all information)

ADULT LAST NAME	ADULT FIRST NAME	BIRTHDATE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS		CITY	ZIP
HOME PHONE	ALTERNATE PHONE <input type="checkbox"/> WORK <input type="checkbox"/> CELL	EMAIL	
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE	

OTHER HOUSEHOLD MEMBERS (Including spouse, children, etc.)

LAST NAME	FIRST NAME	GENDER	BIRTHDATE	PHONE
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> WORK <input type="checkbox"/> CELL
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> WORK <input type="checkbox"/> CELL

PARTICIPANT AND CLASS INFORMATION

PARTICIPANT NAME	CODE AND ACTIVITY NAME	START DATE	INSTRUCTOR NAME	FEE	ADJUSTED FEE
NON-RESIDENT FEE: (\$5 x number of courses priced \$11-\$74; \$10 x number of courses priced \$75+) =					
CONVENIENCE FEE: (For transactions over \$20: \$2.50 for credit/debit; \$1.00 for cash/check) =					
GRAND TOTAL (Please make checks payable to CITY OF IRVINE) =					

REASONS FOR ADJUSTED CLASS FEE

AGE WAIVER FAMILY EMERGENCY OTHER: _____
 RAIN-OUT LATE REGISTRATION NOTE: _____
 MEDICAL _____

PAYMENT (Make check payable to CITY OF IRVINE; Cash is only accepted with in-person registration)

CHECK NO. _____ CASH \$ _____
 VISA MASTERCARD # _____ EXP ____ / ____ CVV _____
 DISCOVER AMERICAN EXPRESS SIGNATURE _____

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.

TURN OVER: This registration is not valid without completing the information requested on page 2.

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MEDICAL CONDITIONS

1. You are required to have a current Participant Medical and Allergy form submitted for each calendar year. If you have not submitted this form for the child you are registering, visit cityofirvine.org/yourirvine to complete one now. Only one form per calendar year is needed for each child. AGREE DISAGREE
2. Does the participant have a medical condition or allergy? YES NO
3. This is to certify that I, the parent or guardian of the participating minors, do hereby constitute and appoint the City of Irvine or its representatives my/our true and lawful attorney, solely, and with the power to authorize and consent to the administration of any anesthetic or medical treatment to, and the performance of whatever operations or removal of tissue decided to be necessary by the attending physician. 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. AGREE DISAGREE

W A I V E R (Read and sign Waiver; Registration will not be processed unless Waiver is signed)

Participants and/or legal guardians agree to the following: IN CONSIDERATION of accepting this registration to participate in any way in the calendar year 2019, 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 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 to bodily injury, 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 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 2019. I acknowledge that the activity/activities to which this release applies can be dangerous, 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 guardian of the participating minors, do hereby constitute and appoint the City of Irvine or its representatives my/our true and lawful attorney, solely, and with the power to authorize and consent to the administration of any anesthetic or medical treatment to, and the performance of whatever operations or removal of tissue decided to be necessary by the attending physician. 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

(Parent/Guardian must sign for participants under 18 years of age)

DATE