

Join the Fun and Register . . .

City of Rancho Cucamonga Class/Activity Registration Form



ON-LINE

On-Line Registration -

- ✓ Most activities are available for registration on-line
- ✓ Register EARLY on-line, for more information visit www.RCpark.com.

OTHER WAYS TO REGISTER

Registration forms can be submitted by mail, walk-in or fax at any time. However, processing of these forms will not begin until 3 weeks AFTER Early On-line registration has begun (for both residents and non-residents). Visit www.RCpark.com for Early On-line registration dates.



...MAIL-IN

- ✓ Mail to:
Class Registration
11200 Base Line Road
Rancho Cucamonga, CA 91701



...WALK-IN

- ✓ Goldy Lewis Center/Central Park
11200 Base Line Road
(Base Line & Milliken)
Mon. - Fri. 8a - 8p; Sat. 9a - 3p



...FAX-IN

- ✓ Be sure to complete Section 7.
- ✓ Fax form to (909) 477-2783.

For registration questions,
please call (909) 477-2765.

WHAT YOU NEED TO KNOW

- ✓ Registration not accepted at classes.
- ✓ \$12 non-resident fee applies to each activity, unless stated otherwise.
- ✓ \$10 fee charged on returned checks.
- ✓ Bring, mail or fax a clear copy of your photo I.D. **AND** a current utility bill for proof of residency.

PAYMENT METHODS

- ✓ Make checks payable to:
The City of Rancho Cucamonga

- ✓ Credit Card:

REFUNDS/TRANSFERS

- ✓ Issued if requested prior to second class meeting
- ✓ Notified and credit issued if class is cancelled.
- ✓ Credit Card refunds will be issued by credit on your credit card.
- ✓ Allow 2 - 3 weeks to process.

1 Participant Information

Barcode #	Last Name	First Name	Birthdate	M/F	Activity Title	Fee
			/ /			
			/ /			
			/ /			

2 Adult's Name _____ Home Phone _____
 Address _____ Daytime Phone _____
 City _____ State _____ Zip Code _____
 E-mail Address _____
 Check here if you are submitting proof of residency. New address?

3 I would like to support the R. C. Community Foundation with a donation -- \$ _____
 I would like to support the R. C. Public Library Foundation with a donation -- \$ _____

4 **Medical Release:** I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child(ren) in case of an emergency and in the event that I cannot be contacted.
 Signature of Parent or Guardian _____ Date _____
 Doctor's Name _____ Hospital Name _____
 Existing Medical Condition _____

5 This information required for registration in Youth Sports Activities ONLY.

Child #1 - Ht. _____ Wt. _____
 Previous Team _____ Position Played _____ Season Played _____
 Child #2 - Ht. _____ Wt. _____
 Previous Team _____ Position Played _____ Season Played _____

6 RELEASE OF LIABILITY & ASSUMPTION OF RISK

I, _____ on behalf of myself; or _____ on behalf of my minor child, hereby waive in advance any and all actions or causes of action and claims for injury or property damage which I may have, or which may hereafter accrue to me, my heirs or other successors as a result of my participation in any activity, or activities incidental thereto, (hereinafter referred to as the "activity") sponsored by the City of Rancho Cucamonga in the attached registration form. This is intended to release and hold harmless the City of Rancho Cucamonga and its elected officials, officers, employees, contractors and agents.

I understand that I must be in good health prior to participating in the activity. I understand that serious accidents occasionally occur to participants during such an activity, transportation to or from such an activity and during activities incidental to such an activity. Knowing these risks, I expressly assume those risks and agree that under no circumstances will I, or any of my heirs or successors present any claim or action against the City of Rancho Cucamonga.

Participants permit the taking of photographs of themselves and/or their minor children by the City of Rancho Cucamonga during recreation activities to be used in City publications and/or websites.

I HAVE READ THE ABOVE AND ACKNOWLEDGE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS BY SIGNING THIS AGREEMENT.

Signature Required _____ Date _____

7 Visa Card Number _____
 M/C Cardholder Name _____ Exp. Date _____
 Cardholder Signature _____
 Account Credit _____