



Saddleback Valley Unified School District

# Recreation & Community Services Department Program Registration Form

**PRIMARY CONTACT** (responsible adult for registering persons in the courses)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Activity #	Participant Name/Grade	Birthdate	Sex	Activity Name	Start Date	Fees
			M / F			
			M / F			
			M / F			
			M / F			
			M / F			
			M / F			
			M / F			
<b>Total</b>						

T-Shirt Size: Youth Camps, Clinics & Leagues (circle) YOUTH: M / L - ADULT: S / M / L / XL

Please check here if you wish to donate \$1 to the Mark Feldman Scholarship Fund to benefit low income families: \_\_\_\_\_

MasterCard or Visa Acct.#: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

If credit card name is different from parent/guardian listed above, please write it here: \_\_\_\_\_

All credit card registrations will be assessed a \$1.00 postage and handling fee for return of class confirmation.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

*I voluntarily agree to participate or for my children to participate in this or these programs. I realize that every precaution is taken to eliminate any hazards and a competent supervisor is present; however, in the event of any injury to myself or my child, I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the employees of, the Department of Recreation & Community Services personnel and the Saddleback Valley Unified School District.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to:** SVUSD Recreation & Community Services, 24701 San Doval Ln., Mission Viejo, CA 92691  
 If you would like a confirmation please enclose a self addressed stamped legal size envelope.

**Or Fax:** Registration form with your MasterCard or Visa Card number to (949) 454-0790.  
 Available 24 hours a day! Confirmation of registration will be mailed to you!

**Refund / Cancellation Policy:**

1. Full refunds/credits are available for courses cancelled by the Department. If a credit is issued, it is valid for one year from the date of issue.
2. Student requested withdrawals are subject to a \$10 withdrawal processing fee.
3. Requests must be received 3 business days prior to the start of class.
4. NO withdrawals will be accepted after the completion of class.
5. Payments made by check may take up to 45 days for refunds to process.