



**City of Laguna Niguel**  
**Parks and Recreation Department**  
**REGISTRATION FORM**  
**ONE FORM PER PERSON REQUIRED**

**Contact Information:**  
 Crown Valley Park  
 29751 Crown Valley Parkway  
 Laguna Niguel, CA 92677  
 (949) 425-5100  
[Registration@CityofLagunaNiguel.org](mailto:Registration@CityofLagunaNiguel.org)

PARTICIPANT'S NAME: \_\_\_\_\_ SEX \_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME (if participant is a minor): \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ WORK PHONE ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ CELL PHONE ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

EMERGENCY CONTACT (other than parent) \_\_\_\_\_ PHONE ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

MEDICAL INFORMATION \_\_\_\_\_

*If you need special assistance, please contact the Parks and Recreation Department at least one week prior to the start of activity.*

ACTIVITY #	NAME OF ACTIVITY	DAY/TIME	CHECK #	FEE

I voluntarily agree to have myself or my child participate and I realize that every precaution is taken to eliminate any injury or hazards to myself or my child, and that 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 personal property damage which may arise in connection with the program, against the City of Laguna Niguel and all its officers, agents and employees.

I give consent to any X-Ray examination, anesthetic, medical or surgical diagnosis tendered under the general or special supervisor of any member of the medical staff and emergency room staff licensed under the Medicine Practice Act or a dentist licensed under the Dental Practice Act or the staff of any acute General hospital holding a license to operate from the California Department of Public Health. It is understood that this authorization is given in advance of diagnosis, treatments, or hospital care being required but is given to provide the aforementioned medical/dental personnel authority to render care as they deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment, but that treatment will not be withheld if the undersigned cannot be reached.

I permit the use of activity/event photography and/or video of my child or myself for LN Parks & Recreation media promotion.

I HAVE READ AND UNDERSTAND THIS RELEASE FROM LIABILITY AND THE CANCELLATION/REFUND POLICY.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Signature) Parent or Guardian must sign for those under 18 years of age

**PAYMENT INFORMATION:**



NAME ON CARD \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

3-DIGIT CVC CODE \_\_\_\_\_

