

Cypress Recreation & Community Services

Kid's Night Out!

**CRAFTS DINNER
FUN MOVIES
GAMES**

Ages 5-12 years

Join us for a fun and safe night with friends and our Recreation Staff. Minimum enrollment is required two days prior to the date. Location: Cypress Community Center.

<u>Class#</u>	<u>Date</u>	<u>Day</u>	<u>Time</u>	<u>Fee</u>
W18-5000	Dec 15	Fri	6-10pm	\$15
W18-5001	Jan 19	Fri	6-10pm	\$15
W18-5002	Feb 16	Fri	6-10pm	\$15

Register Now!

For more information
please call (714)229-6780





ACTIVITY REGISTRATION FORM

5700 ORANGE AVENUE, CYPRESS, CA 90630 (714) 229-6780

PLEASE PRINT CLEARLY & FILL OUT FORM COMPLETELY

REGISTER ONLINE AT WWW.CYPRESSREC.ORG

Adult First and Last Name _____ MI _____ Date of Birth _____ M / F

Address _____ City _____ Zip _____

Cell Phone Number _____ Alternate Phone Number _____ Please circle one: Cell / Work / Home

YES, I would like to receive text messages regarding Cypress Recreation and Community Services activities, programs, and classes.

Standard text message rates will apply. Please state your cell phone carrier: _____

Is this a change of Address or Phone?

Email Address _____ Driver License Number _____ Yes No

Course #	Course Title	Name of person taking the Class: (First/Last)	D.O.B.	M/F	Fee
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

NON-RESIDENT FEE IS \$2.00 PER PARTICIPANT, PER CLASS - TOTAL NUMBER OF CLASSES = _____ X \$2.00 = \$ _____

TOTAL FEES = \$ _____

PLEASE READ AND SIGN THE WAIVER, RELEASE AND INDEMNITY AGREEMENT BELOW

In exchange for participating in this activity I hereby agree on behalf of myself and my spouse, parents, children, family, employees, agents, heirs, estate, executors, representatives, administrators, insurers, successors and assigns, distributees, guardians and/or other legal representatives (collectively the "Released Parties") to fully release and to not make any claim against, file a lawsuit against, attach the property of, or prosecute the City of Cypress (the City) and/or the Cypress Recreation and Park District (the "District") and/or either of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf for any and all claims, causes of action, including, but not limited to, emotional distress, bodily injury, death, or property damage arising out of any actions by any City or District employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on the City's and/or the District's behalf in connection with my participation in this activity.

I UNDERSTAND THIS RELEASE SHALL BE EFFECTIVE EVEN IF THE LOSS, DAMAGE OR INJURY WAS NOT FORESEEABLE OR RESULTS, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF THE CITY, DISTRICT AND/OR ANY OF THE ABOVE PERSONS.

I understand that this activity involves the risk of serious injury and even death, and I agree to assume any and all risk of serious injury or death in participating in the activity. In case of accident or other emergency, personnel of the City or District and/or their agents, are hereby authorized to secure medical care deemed necessary by them, as a result of that accident or injury, for me at my cost and expense. I further agree to indemnify and defend the City and/or the District and/or both of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf and to pay for any and all costs incurred (including, but not limited to, medical treatment, pain and suffering, emotional distress, any settlement paid or judgment, legal costs and/or attorneys fees) as a result of any injury that I cause to another participant. I further consent to the use of activity/event photography and/or video taping of me and the display of those pictures of me for promotional use, including on the City's Internet website and social media sites.

By signing below, I acknowledge and represent that I HAVE READ THIS AGREEMENT CAREFULLY, I FULLY UNDERSTAND ITS CONTENTS AND I VOLUNTARILY AGREE TO ITS TERMS. No oral representations, statements or inducements, apart from this written agreement, have been made. If any portion of this agreement is declared invalid by a court, the remainder shall continue in full force and effect. Where this agreement is signed by a parent or legal guardian on behalf of a minor, the use of the word "me" in this agreement shall include and bind the minor, and the use of the word "I" in this agreement shall include the parent or legal guardian acting on behalf of and binding the minor to this agreement.

IF 18 YEARS OF AGE OR OLDER: I declare under the penalty of perjury under the laws of the State of California that I am eighteen (18) years of age or older and am fully competent to sign this agreement. IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, by signing below, I declare under the penalty of perjury under the laws of the State of California that I am the parent/legal guardian for the minor participant herein and am authorized to sign this agreement on their behalf.

REFUND POLICY: Refunds must be requested in writing before the second-class meeting. If the class is only one day, our office must receive the request 48 hours before the class starts. There is a \$5.00 administrative fee for each class refunded other than those generated by District cancelled classes. This also applies to refunds given prior to the start of classes. (This policy does not apply to Kids Corner, Daycamp, Swimming Lessons, Youth Basketball, Adult Sports and Special Events. Please refer to these individual programs for their refund policies.) It takes 3-4 weeks to process any refund requests.

MAKE CHECK(S)
OR MONEY ORDER
PAYABLE TO:

CITY OF CYPRESS

FOR OFFICE USE ONLY

CASH CHECK # _____

- VISA
- MASTERCARD
- AMERICAN EXPRESS
- DISCOVER

By signing below I agree with the above stated waiver, release and indemnity

I authorize Cypress Recreation and Community Services to process a charge against my credit card account for the TOTAL FEES amount stated above for the payment of programs, classes, and activities.

Signature

Date