

registration form

Register online, anytime:
vistarecreation.com

Adult's Name: _____

Address: _____

Home Phone: _____

Work/Cell: _____

Email: _____

Yes! - I would like to receive emails from Recreation & Community Services!

ACTIVITY	PARTICIPANT	DOB	M/F	FEE
<i>(Optional) \$1.00 donation</i>				
TOTAL				

PAYMENT Master Card Visa ATM/Debit Check Cash/walk in only

EXACT NAME ON CARD _____

CARD NO. _____

EXP. DATE _____

Do Not Mail Cash · Make Checks Payable To "City Of Vista"

WAIVER AND RELEASE

I understand there are risks associated with the activities for which I have registered. I assume the risk for any property damage, personal injury, or death that I, my child, or my ward may sustain. I hereby waive and release the City of Vista, its officers, employees, agents and officials, from any claims, causes of actions, damages, losses, liabilities or expenses (including attorney fees and court costs) for any property damage, personal injury, or death arising out of my, my child's, or my ward's participation in the above activities. I understand that by signing this waiver I am freeing the City of Vista from any liability resulting from my, my child's, or my ward's participation in the above activities. I understand that if I, my child, or my ward is injured, this waiver will be used against me and anyone else claiming damage because of my, my child's or my ward's injury in any legal action. I also understand that no City employee or agent is authorized to modify this waiver. I certify that I have personally read and understand this waiver and release.

CONSENT TO PHOTOGRAPH, FILM OR TAPE

I permit the City of Vista to use and publish photographs, film or tapes of me, my child, or my ward for purposes of promoting activities to the community.

CONSENT FOR MEDICAL TREATMENT

In the event of sudden illness, accident or injury which may occur while I, my child, or my ward is engaged in any activity supervised by City of Vista employees, when neither parents or guardians can be contacted, I hereby give consent for emergency medical treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California. I understand that I am solely responsible for all costs associated with the emergency medical treatment provided.

I have read and understand the above waivers.

Date	Print Name	Signature

All adult participants over 18 and parent/guardians of minor participants are required to sign.

 **Recreation & Community Services** Office hours: Mon-Fri, 9:00am-5:00pm
200 Civic Center Drive, Vista CA 92084 • (760) 726-1340 ext.1571 • vistarecreation.com

* This registration form cannot be used for Senior Center classes. To register for those classes, call (760) 639-6160

Register for Classes

Online

Register 24 hours a day, seven days a week at vistarecreation.com

Mail

Recreation Office
200 Civic Center Drive, Vista CA 92084

Fax

Your Registration to (760) 643-2897
Requires payment by credit card.

Phone

To sign-up by phone call
(760) 726-1340 ext.1571.

Walk-in

Stop by the Recreation office
200 Civic Center Drive or the Rec Center,
1200 Vale Terrace, to register
in person during business hours.

Proof of Residency

Residents are defined as persons who live within the City limits of Vista. Residency is based on the address of the class participant, not the address of the payee. Proof of residency is required for first time registrations. Acceptable documents to verify residency are:

- Address imprinted on personal check
- Photocopy of current City tax bill
- Photocopy of current utility bill
- Photocopy of a current drivers license or valid ID

Non-residents are encouraged to sign up for our classes and programs and are charged the non-resident fee.

Refund Policy

Prior to the start of the final class/activity, participants may request a refund or credit. The amount of the refund/credit will be the class/activity fee paid less the prorated cost of the classes/activities elapsed, regardless of attendance, and the processing fee for refunds. Day Camp refunds/credits are based on a daily rate and are not prorated. All refunds are assessed a processing fee of 25% of the class/activity registration fee. All credits expire on July 1 immediately after the issue date of credit. All refunds are non-cash and will be processed within four weeks after request. If a request for refund/credit is for a one time event, the refund/credit request must be made prior to the start of the event. Credits issued cannot be exchanged for a refund. Call (760) 726-1340 ext. 1571 to request a refund or credit.

Special registration rules may apply, please see class descriptions for specific instructions.