

# registration information

It's easy to register for classes! Complete the registration form and mail, fax or stop by the Recreation Office, 600 Eucalyptus Avenue. You can also register by phone at (760) 726-1340 ext 1572.

If a course is cancelled due to lack of enrollment, registered class participants will be notified of an alternate class or program, if one is available. The Parks and Community Services Department reserves the right to cancel, combine classes, or change instructors as needed.

**Special Circumstances:** Children absent for 3 or more days due to illness or injury may receive a prorated refund or credit. A doctor's note must accompany the request. All requests must be submitted to the office within one week of the camp you missed.

## CLASSES

Requests for refunds or credit memos can be made by contacting (760) 726-1340 ext 1572 for classes or ext 1501 for camps. Credit memos may be issued for 100% of the class/activity minus any assessed fees and/or attendance dates. Refund requests will be assessed a 25% handling fee. All requests for refunds must be made prior to the first class meeting. Requests for credit memos for dropped classes must be made before the last class meeting. There are no cash refunds. For a one time workshop, requests for refunds or credit memos must be made before the workshop is held. The credit

memo is valid for six months from date of issue. Once a credit memo is issued, it cannot be exchanged for a refund.

## 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.

## 3 WAYS TO PAY

Payment is required at the time of registration. You may pay by any of the following methods:

### CREDIT/DEBIT CARDS

MasterCard and Visa

### CHECK

ONE CHECK PER CLASS  
Make checks payable to "City of Vista"

### CASH

WALK-IN ONLY, do not mail cash

## 4 WAYS TO REGISTER



Mail registration form & payment to:  
Recreation Office  
600 Eucalyptus Avenue  
Vista CA 92084



Fax your registration to (760) 643-2897. Faxed registrations require payment by credit card.



To sign-up by phone call (760) 726-1340 ext 1572.



Stop by the Recreation office, 600 Eucalyptus Avenue, Bldg K to register in person during business hours.

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

The City of Vista accepts Visa, MasterCard and ATM/debit cards as forms of payment



**Parks and Community Services Dept.**  
**Office Hours: Mon - Sat 9:00am-5:00pm**  
**600 Eucalyptus Ave., Bldg K**  
**Vista, CA 92084**  
**(760) 726-1340 ext 1572**  
**www.cityofvista.com**

# registration form

Adult's Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

e-mail \_\_\_\_\_  Yes! - I would like to receive emails from Parks & Community Services!

ACTIVITY #	ACTIVITY	PARTICIPANT	DOB	M/F	CLASS FEE
TOTAL					

**METHOD OF PAYMENT**

Credit Card  

Check

Cash - Walk in ONLY

Exact Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Auth # \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3-digit number in signature area on back of credit card

**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.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_ **ALL adult participants over 18 and parent/guardians of minor participants are required to sign.**