



City of Victorville Recreation Division  
 14973 Joshua Street - Victorville, CA 92394 245-5551

## Aquatics Registration Form

**Participant Information:** (please print)

First Name	Last Name	Date of Birth	Age	Male	Female
Mailing Address		City	Zip		
Phone	Alternate Phone	Parent Name			

Each participant must have their own registration form. A maximum of 3 classes per student will be allowed during drop-off registration. Enrollment for additional classes will be available when walk-in registration begins. Don't forget to give us alternate times in case the class you request is full.

**EXAMPLE:**

SESSION	CLASS NAME/LEVEL	TIME	FEE	1st ALTERNATE	2nd ALTERNATE
<b>3</b>	Tot Beginner	11:30 AM	\$33	Sess 3, 4:30 PM	Sess 4, 11am

SESSION	CLASS NAME/LEVEL	TIME	FEE	1st ALTERNATE	2nd ALTERNATE

**AGREEMENT AND RELEASE OF LIABILITY**

I, the undersigned, understand the following:  
 \*I am aware that recreational activities can be hazardous and I am voluntarily participating in these activities with knowledge of the hazards involved and hereby agree to accept any and all risks of injury or death. \*The City of Victorville reserves the right to take appropriate photographs and video images of participants for advertising, staff training and archival purposes. At no time are photographs and/or videos distributed to other agencies. \*The City is not responsible for participants' injuries or damages occurring from "hazardous recreation activities" (CA Government Code 831.7). \*The City does not provide participants with medical insurance or treatment for injuries. \*I agree to hold harmless and release the City of Victorville, its officers, agents and employees from any and all liability arising from or related to my participation in the City of Victorville program activities. This release includes, but is not limited to, all liability for death, personal injury or property damage resulting from the active or passive negligence of the City of Victorville or its agents or any defective or hazardous condition of any property or equipment owned, operated or maintained by the City of Victorville. \*I am responsible for any loss, theft or damage to either personal or City equipment, articles and/or facilities while using said equipment, articles and/or facilities.  
 \*\*Refunds will only be approved in the event that a class/program is cancelled by the City of Victorville. Allow 6-8 weeks for processing.

PARENT/GUARDIAN NAME (please print) \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**AUTHORIZATION TO USE CREDIT CARD**

I, the undersigned give permission for the specified credit card to be used to pay fees for the above named activities through the City of Victorville's Recreation Division.

Signature	Card Holder Name	Billing Zip Code
Credit Card Number	Exp.	Security Code