SVUSD Community Services Department 

**Program Registration Form**

Communityservices.svusd.org

**PRIMARY CONTACT** (responsible adult used for registering into the courses)

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_ Male \_\_\_\_

Street Address:

City, State, Zip:

Home Phone: ( )

Cell Phone: (\_\_\_\_\_\_)\_

Work Phone: ( ) \*Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*All accounts will require a valid email address

 **Activity # Participant Name Grade Birthdate(minors) Sex Activity Name Start Date Fees**

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ M / F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_M / F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ M / F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Please check here if you wish to donate $1 to the Mark Feldman Scholarship Fund to benefit low income families:

 American Express, Discover, MasterCard/VISA

Acct # \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Exp Date \_\_ /\_\_\_\_ CVC Code \_\_\_\_\_**Total \_\_\_\_\_\_\_\_\_**

If credit card name is different from parent/guardian listed above, please write it here:

Authorized Signature: Date:

Please Print Name:

*I voluntarily agree to participate or for my children to participate in this or these programs.* I realize that every precaution is taken to eliminate any hazards and 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 property damage which may arise in connection with the above named activity, against the employees of, the of Community Services Department personnel and the Saddleback Valley Unified School District.

Authorized Signature: Date:

I give permission to have photos taken during the program to be used in city or school district published documents. \_\_\_\_\_ initials

**Mail to**: SVUSD Community Services Department, 25631 Peter A Hartman Way, Mission Viejo, CA 92691

If you would like a confirmation, please enclose a self-addressed stamped legal size envelope

**Or Fax**: Registration form with your American Express, MasterCard or Visa Card number to (949) 454-0790.

Available 24 hours a day! Confirmation of registration will be emailed to you!

**Refund / Cancellation Policy:**

## Full refunds/credits are available for courses cancelled by the Department.

1. Refund requests must be received 3 business days prior to the start of program.
2. NO partial refunds will be granted for swim lessons and/or camps.
3. All credits granted will be valid for one year from the date of issue.
4. NO withdrawal will be accepted after the completion of a program regardless of participant attendance.

 Refund (Please see #2 above)

 Non Refundable Credit on Account (Valid for one year after the date of issue)

**Note: Payments made by check may take up to 45 days for refunds to process.**