



REGISTRATION FORM

Register on-line and receive immediate confirmation at www.cityoflamesa.us/register

(or) Mail/Drop off form:
 Community Services
 4975 Memorial Dr
 La Mesa, CA 91942

Adult Name: Last _____ First _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-Mail: _____

Participants Name	Class Name	Course #	Date of Birth	FEE \$

Refund Information
 A full refund will be issued for all classes and camps cancelled by the City of La Mesa and/or the independent contractor.
Up to one week prior to first day of class/camp:
 Customer may request a change, transfer or refund no later than one week prior to start date. A \$10 processing fee (per person, per enrollment) will be deducted.
 For our complete refund/transfer policy please refer to the [website](#) or RecGuide

Total fees	\$	
Cash / Check		



Individuals who wish to participate in City recreation programs and activities who may need accommodation, please contact us at 619.667.1300 a minimum of two weeks in advance of the program start date.

Disclaimer: By signing below, and in consideration of my and/or my child's participation, I agree to defend, indemnify and hold harmless City of La Mesa and any of its elected and appointed officials, employees, contractors or agents from any and all damages or liability including personal injury, communicable diseases, illnesses, viruses, or death arising from participant's activities pursuant to the Agreement and be liable for any related costs of defending any legal proceedings or claims arising therefrom, except for liability or damages resulting from gross negligence, recklessness, or intentional wrongful conduct of City. I grant full permission for use of the participant's name, voice, and/or picture in any related media or other promotional materials for any purpose without compensation. Staff reserves the right to refuse service for disruptive behavior. I understand and agree that my non-compliance with any facility policies or procedures may result in refusal of service.

SIGNATURE _____ **Date** _____

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Card Number:	Expiration Date (mm/yy):
3-digit code from back of the card (CVV):	
Signature _____	Date _____

Registration questions? Call 619.667.1300 or email us at recreation@cityoflamesa.us