Class Registration Form

Print Out and Mail, Fax, or Walk-In. On-Line Registration is also Available at *http://recconnect.westcovina.org/recconnect*.

Adult or Legal Guardian

Last Name		First Name			

Address		City		State	Zip

Day Phone	Eve. Phone	Emerg. Contact	Emerg. Phone

R ☐ Check here if you live, work, or attend school in West Covina. Please provide report card, business card, etc., if address above is not in West Covina.

Email Address

May we contact you about events and activities?   Y   N

Participant Information

Last Name	First Name	M/F	Date of Birth	Class Title	Day	Fee

Form of Payment O Cash O Check O Money Order O Mastercard O Visa O Discover	Sub Total	

Credit Card # Exp. Date Signature	Total	

How Did You Learn About These Programs?   O Flyer/Brochure   O Newspaper   O Discover West Covina

O WCCT Ch. 55   O Word of Mouth   O Website   O Other _____

Medical Conditions That Should be Noted _____

WAIVER I give permission for the minor in my custody to participate in the above-mentioned activity(ies). I hereby release and discharge in advance the City of West Covina, its officers, agents, employees, contractors, or any volunteers who may assist in said direction, from and against any and all liability arising out of or connected in any way with said participant(s) in said activity(ies). I permit the taking of photographs of the above participants by the City of West Covina, during recreation activities, to be used at the City's discretion.

Signature _____   Date _____

O Parent   O Guardian   O Participant

OFFICE USE	Date:	Account #:
Processed By:	Receipt #:	Amount: