



REGISTRATION APPLICATION

Registration for the Irvine Child Care Coordination Office is on a first come, first served basis! To reserve your space, submit this completed form, along with your payment, to the Child Resource Center by walk-in, mail or fax.

WALK-IN/MAIL: 14341 Yale Avenue
Irvine, CA 92604
FAX: (949) 551-8504

EVENT INFORMATION

EVENT NAME	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	FEE
LOCATION	SPECIAL INFORMATION (For more info, call (949) 724-6632)		

PAYEE INFORMATION (Complete home address and phone number if registering as an Individual.)

NAME*	TYPE OF REGISTRATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP		
FACILITY / PROGRAM NAME			
ADDRESS*		PHONE*	
CITY	STATE	ZIP	E-MAIL*

PAYMENT METHOD (Make check payable to CITY OF IRVINE.)

CASH \$ _____ CHECK NO. _____ **TOTAL DUE** = [\$ _____ x _____ (# OF PARTICIPANTS)] = _____
 VISA MASTERCARD #* _____ EXP DATE _____

NOTE: For Group Registrations, payment for the total number of participants attending must accompany registration form. SIGNATURE* _____

LIABILITY WAIVER:

In consideration of accepting this registration, and to the extent permitted by law, I hereby agree to release, indemnify, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract) the City of Irvine and its officers, clients, agents and employees from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys' fees), of any kind or nature whatsoever, whether related to bodily injury, property damage or any other form of injury or loss to myself (and to any minor children for whom I have the capacity to contract), caused by any negligent act or omission of the City of Irvine or its officers, clients, agents or employees, arising out of or in any way related to participation in the activity for which I (and any minor children for whom I have the capacity to contract) am registering. I acknowledge that the activity to which this release applies can be dangerous and as a result of signing below, I am accepting those risks for myself and for any minor participants for whom I can contract. I give permission to the City of Irvine to take photographs of me or my children while participating in this activity for use in future City publicity and understand that I will not receive any compensation for such use.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AS IT APPLIES TO MYSELF AND TO ANY MINORS FOR WHOM I AM SIGNING.

SIGNATURE* _____ DATE _____