



# REGISTRATION APPLICATION

**INSTRUCTIONS:**

1. Please use this form for fax, walk-in or mail registration.
2. Include payment.
3. Registration is on a first-come, first-served basis.
4. Submit completed applications by:  
MAIL / WALK-IN: Child Resource Center  
 14341 Yale Avenue  
 Irvine, CA 92604  
FAX: 949-551-8504

**SUPER SATURDAY**

Date: March 14, 2015  
 Time: 8 a.m. - 2 p.m.  
 Location: Lakeview Senior Center  
 20 Lake Road  
 Irvine, CA 92604  
 Cost: \$10 fee per participant (Light lunch provided)  
 For more information, please call 949-724-6632 or e-mail [lsadaghiani@cityofirvine.org](mailto:lsadaghiani@cityofirvine.org)

**PAYEE INFORMATION**

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

**WAIVER:** Read and sign waiver. Registration will not be processed unless the waiver is signed. 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 \_\_\_\_\_

**PAYMENT INFORMATION** (Make check payable to CITY OF IRVINE.)

**TOTAL DUE** = [\$10 x \_\_\_\_\_ (# OF PARTICIPANTS)] = \_\_\_\_\_

CHECK NO. \_\_\_\_\_   
  MONEY FROM ACCOUNT \$ \_\_\_\_\_   
  CASH \$ \_\_\_\_\_  
 VISA     MASTERCARD #\* \_\_\_\_\_    EXP DATE \_\_\_\_\_  
 AMEX     DISCOVER

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