City of Irvine | Community Services

Camp Registration Form with Scheduled Payment Option

Complete separate forms for each child.

Main Contact: _____ Home Phone: _____

Address: _____

Work/Cell #:_____Email:_____

Child's Name: _____Birth date: ___/___/___ Gender (circle) M or F

*Payment for first and last weeks of camp may not be scheduled and is due at time of registration. Scheduled payments will be processed 10 days prior to weekly camp start date.

Camp Title	Camp #	Start date	Fee	Schedule the payment, yes or no?

CAMP WITHDRAWAL POLICY

Initials

_____ 1) Withdrawal requests for camps must be submitted to program registration staff a minimum of 10 days prior to the camp start date. Requests may be made in person at 1 Civic Center Plaza, over the phone at 949-724-6610, faxed to 949-724-6608, or e-mailed to quickreg@ci.irvine.ca.us. A $5 withdrawal fee will be assessed.

_____ 2) Withdrawal requests received between 1 and 9 days prior to the camp's start date will be assessed a withdrawal fee of 50% of the fees paid.

_____ 3) Withdrawals will not be accepted on or after the camp start date.

_____ 4) Camp fees may remain on account, or may be refunded less a $5 refund fee.

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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. **X _____ (Parent or Guardian must sign)**

PAYMENT INFORMATION

Cardholder: _____ Home Phone: _____

Initial

___ I understand my credit card will be charged in full for the first and last weeks of camps.
___ I understand my credit card will be charged for other camp weeks 10 days prior to their start date.
___ I understand if my scheduled payment is not successful and I am not able to provide payment within one (1) business day, my child will be removed from the camp associated with the failed payment.

I, _____, hereby authorize the City of Irvine to charge the following Credit Card (circle): MasterCard Visa

_____/_____/_____/_____ Exp: ____/_____

for scheduled payments associated with Summer camp registrations for:

Child	Date of Camp Application
_____	_____
_____	_____
_____	_____

This authorization shall remain in effect until: _____

Cardholder Signature X _____

Please return this form to Program Registration. **Mail to**: CS-Reg., PO Box 19575, Irvine, CA, 92623-9575.

Fax to: (949) 724-6608. **Deliver in-person to**: 1 Civic Center Plaza, 2nd Floor Community Services.

Office use only Copy page 1 to customer _____ Entered in CLASS _____

Client ID#_____ ID checked _____ CC verified_____ Alert Text_____