REGISTRATION MADE EASY

Online
www.redondo.org/classes
24 hours/7 days a week
Be sure you have your Client ID and Family Pin Number

Mail
City of Redondo Beach
Community Services Dept.
Attn: Class Registration
1922 Artesia Blvd.
Redondo Beach, CA 90278

Phone
310-318-0610, ext. 3460
Hours: 8-5, M-Th/F
(Closed alternate Fridays)

Drop Off
Community Services Dept.
1922 Artesia Blvd.
Redondo Beach, CA 90278
Hours: 8-5, M-Th/F
(Closed alternate Fridays)

FALL REGISTRATION
Resident Registration:
SEPTEMBER 9, 2019
Non-Resident Registration:
SEPTEMBER 16, 2019
Most classes start the week of:
MONDAY, SEPTEMBER 30, 2019
NO CLASS 11/11, 11/28 & 11/29

POLICIES
• A $25 fee will be charged against all returned checks.
• If a class does not have the minimum number of participants registered prior to the start date, the class will be cancelled. Avoid disappointment - Register early!
• A $10 transfer fee will be charged for switching classes or camps. Transfers can only occur prior to the class and space must be available.
• A $5 Registration Fee will be applied to all classes, activities or camps at the time of payment. This fee applies to all methods of payments: phone, online, drop off and mail. Registration fee is non-refundable.

REFUNDS
• You will receive a full refund if the City cancels a class.
• If you withdraw from a class you must request a refund in writing before the second class meeting.
• There is a $15 withdraw fee for classes and $25 withdraw fee for camps.
• No refunds will be given for one day classes.
• Allow 6-8 weeks for processing of check refunds and 2 weeks for credit card refunds.
• Camp refunds: Requests must be in writing up to 1 week prior to the start of camp. No refunds will be given after a camp starts.
• No refunds will be given for personal or medical reasons unless the request is made before the second class meeting.
• No refunds will be given to individuals who register for a class or camp after the first meeting.
• Afterschool Program refunds: Please refer to Afterschool Program flyer for policies.

CONFIRMATIONS
• Class receipts will be e-mailed if you provide a current e-mail address during the registration process.
Registration Info

Last Name: ___________________________ First Name: ___________________________
Address: __________________________ City: __________________________ Zip: __________
Phone Home: __________________________ Work: __________________________
Cell Phone: __________________________ E-Mail Address: __________________________

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<tr>
<th>Student Name</th>
<th>Age</th>
<th>Birthdate</th>
<th>M/F</th>
<th>Class Number</th>
<th>Class Description</th>
<th>Fee</th>
<th>Total</th>
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Add $5 Registration Fee to each class or activity**

TOTAL

PLEASE NOTE: Please review all registration policies on Registration Information page prior to registering for a class, camp or other activity. All policies are non-negotiable. **Registration fee is non-refundable. Thank you.

Circle one: Check MasterCard VISA

Credit Card # __________________________ Expiration date: __________

In consideration of being allowed to participate in The City of Redondo Beach athletic sports or recreational programs, and related events and activities, the undersigned acknowledges, appreciates, and agrees that the risk of serious injury, including but not limited to permanent paralysis, injury, and death, is significant and does exist, even though particular rules, equipment and personal discipline may reduce the risk. Therefore:
1. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown EVEN IF ARISING FROM THE NEGLIGENCE OF City of Redondo Beach or others, and assume full responsibility for any participation;
2. I willingly agree to comply with the stated and customary terms and conditions of participation. If I observe any unusual significant hazard during my presence or participation, I will either remove the hazard, if possible, or discontinue my participation and/or bring such hazard to the attention of the nearest official immediately; and
3. I, for myself, my heirs, assigns, personal representatives and next of kin, hereby RELEASE AND HOLD HARMLESS the City of Redondo Beach, its officers, officials, agents, employees, volunteers, other participants, sponsors, advertisers and owners and lessors of premises used to conduct the event, for ANY AND ALL INJURY, DISABILITY, DEATH or losses or damage to person or property, ARISING FROM THE NEGLIGENCE, of the City of Redondo Beach
4. Participants involved in Redondo Beach Community Services Department’s programs/activities may be photographed and such photos may be used to publicize City programs and activities. I HAVE READ THIS RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS AND SIGNIFICANCE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I am signing FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Participant’s Signature) __________________________ Date signed __________

Print Name ________________________________________________________________________________

FOR MINORS (UNDER 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent or legal guardian, have legal responsibility for this participant, I give permission for his/her participation in the recreational program and for any necessary emergency medical treatment. I understand that The City of Redondo Beach has no obligation to supervise my children at the close of the recreation program and I release the City of Redondo Beach, its officers, employees, and agents from any liability resulting from the lack of supervision of my children at the close of the above program. I have read and understand the significance of this RELEASE AND WAIVER and do consent and agree to his/her waiver release and assumption of the risk as provided above. I release and agree to indemnify and hold harmless the City of Redondo Beach and associated persons from any and all liabilities for injury or damage to the above minor while participating in these programs ARISING FROM THE NEGLIGENCE of the City of Redondo Beach and associated persons.

(Parent/Legal Guardian Signature) __________________________ Date signed __________

Print Name ________________________________________________________________________________

CITY OF REDONDO BEACH | 310-318-0610 | www.redondo.org