



# PROGRAM REGISTRATION FORM

310.317.1364 | [MalibuCity.org/Register](http://MalibuCity.org/Register)

## HEAD OF HOUSEHOLD (PARENT/GUARDIAN) NAME

First Name

Last Name

## CONTACT INFORMATION

Street

City

Zip

Email

Secondary Email

Primary Phone

(       )

Secondary Phone

(       )

Check box if this is a New Address / Email / Phone Number

Participant Name	DOB	M/F	Grade/ School	Program and Program Dates	Program Fee

Health Concerns/Special Circumstances: (medications, allergies, etc.)

**TOTAL =**

MAKE CHECKS PAYABLE TO CITY OF MALIBU.  
Mail payment and registration form to: City of Malibu, Community Services Department, 23825 Stuart Ranch Road, Malibu, CA 90265

SCHOLARSHIP PROGRAM: Financial aid may be available on a limited basis and will be prioritized by need. All required paperwork must be submitted one week prior to the first program date in order to be considered.

### REFUND POLICIES AND PROCEDURES:

A program may be canceled due to low enrollment. A full refund will be issued only in the event that a program is canceled by the Community Services Department. Refund requests must be submitted one week prior to the program start date. There will be a \$10.00 service charge per person per program for refund requests. Refund requests must be submitted online at [MalibuCity.org/RefundRequest](http://MalibuCity.org/RefundRequest) or in person at Malibu Bluffs Park, Malibu City Hall or the Malibu Community Pool.

**RELEASE OF LIABILITY** Individuals with disabilities requiring accommodations to participate in the programs in which you are registering must inform the City of Malibu at the time of registration is submitted. Individuals needing such accommodations must document the need for such accommodations to complete the registration form or participate in the registered program. The City of Malibu, as a matter of policy and law, will administer and conduct all City Programs in such a manner that no qualified individual with a disability will be excluded from participation in, or be denied benefits of services, programs, or activities of the City. If any individual feels that he/she or a group of individuals with a disability are being discriminated against, the person(s) or group(s) are encouraged to contact the City's ADA office by phone at 310.456.2489, or in writing to Compliance Office, 23825 STUART RANCH ROAD, MALIBU, CA 90265. I fully understand that my and/or my child's participation in the above described program (the "Program") exposes me and/or my child to risk or personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that I am voluntarily participating in this Program and agree to assume such risks. I hereby release, discharge and agree not to sue the City of Malibu, including its officers, employees and agents, (hereinafter the "City") for any injury, death or damage to or loss of personal property arising out of, or in connection with, my and/or my child's participation in the Program from whatever cause, including the active or passive negligence of the City or any other participants in the program. The parties to this agreement understand that this document is not intended to release any part from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision. In consideration of being permitted to participate in the Program, I hereby agree, for myself, my heirs administer, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions or suits arising out of or in connection with my and/or my child's participation in the Program.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN AT MY OWN FREE WILL. I further agree and acknowledge that the City does not provide accident, medical, liability, workers' compensation insurance or any other insurance for program participants. As parent/guardian, I hereby consent emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. I understand the City retains the right to use photos taken of me and/or my child during activities for publicity purposes. My signature below certifies that I have read the Rules and Procedures on the attached sheet and that I agree to abide by all rules and regulations set forth therein.

Adult/Parent/Guardian  
Signature:

Date: