

PROGRAM REGISTRATION FORM

STEP 1 First, decide who the **MAIN CONTACT** is for your family. This is the person who is responsible for signing up family members and paying for classes. (Please note, any refund processed for this account will be payable to the Main Contact.)

Main Contact Last Name _____ First Name _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
 Address _____ City _____ Zip _____ E-mail _____

STEP 2 REGISTER

Participant's Name	Date of Birth	Male/ Female	T-shirt Size*	Program Title**	Start Date	Day(s)	Time	Fee**

* For Youth Sports Programs, indicate T-shirt size.
 ** Do NOT include material fees with program registration fees. Material fees must be paid to instructors at first class meeting.

In consideration of the City of Covina furnishing facilities, supervisors, equipment or expenses, I agree to hold harmless and release the City, its officers and employees, on behalf of myself, my child(ren), my heirs, assignees, administrators and executors, any and all rights and claims for damages or injuries to property and/or person which undersigned or participant may sustain or incur as a result of, use of, or participation in the activities, events, or property by the City. All participants in City programs are subject to being photographed/videotaped for publication.

SIGNATURE _____ DATE _____ PRINTED NAME _____

STEP 3 PAY AND MAIL

MAIL TO:
 Covina Parks & Recreation Office
 1250 North Hollenbeck Avenue
 Covina, CA 91722

PAYMENT METHOD
 Check (**payable to: City of Covina**) A \$25 service fee will be charged for all returned checks (NSF, closed accounts, or stopped payments.)
 Visa Mastercard

Credit Card Number

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Name as it appears on card: _____ Expiration Date: _____

Authorized Signature: _____