

# CLASS REGISTRATION BEGINS MARCH 7 AT 9 AM

## REGISTER ONLINE *hbsands.org*

- Save Time
- No Waiting
- Save Postage
- No Stress

Mail, Walk In or Drop Off your registration at any HB Community Services Center

1. **Mail-in** registration will not be given any priority.
2. **Payment** by check or money order made payable to the City of Huntington Beach – please include a separate check for each class. \$30 will be charged for returned checks.
3. **Payment** by credit card – Please complete all payment information on the Registration Form.
4. **To** receive a class confirmation receipt, simply enclose one self-addressed, stamped envelope.
5. **Improperly** submitted registration will not be processed.
6. **Mail** registration to: **City of Huntington Beach, Community Services Department**  
**PO Box 190, Huntington Beach, CA 92648-0190**



### WITHDRAWAL AND REFUND POLICY:

Full refunds are available for classes that are cancelled. All other withdrawals are subject to a Six Dollar (\$6.00) processing fee for each class session. Refunds after the start of the program are contingent upon CITY approval and will be assessed a \$6.00 processing fee and will be prorated based on the number of classes held. Credit card transactions will be refunded to the same credit card used for enrollment. Cash or check transactions may receive a refund in the form of a City issued check. Refunds are not available for workshops without a two-day notice, special events, or classes that have concluded, unless approved by Supervisor due to extenuating circumstances.



The City of Huntington Beach Community Services Department intends to comply with the Americans with Disabilities Act. If you require special assistance for participation in our recreation programs please notify staff at the time of registration or call 714-536-5486.

REGISTRATION

## WALK-IN/MAIL-IN CLASS REGISTRATION FORM (PRINT)

|  |                      |  |                     |  |
|--|----------------------|--|---------------------|--|
| <b>PAYEE</b>   | *Name:               |  | *Email:             |  |
|  | *Address:            |  | Billing Address:    |  |
|  | *City:               |  | *Zip Code:          |  |
|  | *Home Phone: (     ) |  | Work Phone: (     ) |  |
| * Required Fields. Email address will only be used for City of Huntington Beach information. |                      |  |                     |  |

| <b>PARTICIPANT</b>  | Activity #   | Activity Name | Day     | Time | Participant Name | Birth Date | Gender | Fee |
|---|--------------|---------------|---------|------|------------------|------------|--------|-----|
|   | _____ - ____ |               |         |      |                  |            | M F    |     |
|   | _____ - ____ |               |         |      |                  |            | M F    |     |
|   | _____ - ____ |               |         |      |                  |            | M F    |     |
|   | _____ - ____ |               |         |      |                  |            | M F    |     |
| <b>Total of Activities Fees \$</b>  |              |               |         |      |                  |            |        |     |
| <p>The above named participant has my permission to participate in the activity indicated above. I realize every precaution is taken to eliminate any injuries or hazards and a competent supervisor is present; however, in the event of an injury, I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the Supervisor, Community Services Department personnel and the City of Huntington Beach. Registration constitutes permission or the City of Huntington Beach to take and use any photograph of the above named participant and/or legal guardian in any promotion materials without compensation to the above named participant and/or legal guardian of the above name participant for such use.</p> |              |               |         |      |                  |            |        |     |
| Date:   |              |               | Signed: |      |                  |            |        |     |

|                |  |                            |            |
|----------------|--|----------------------------|------------|
| <b>PAYMENT</b> | Cash (walk-in only) :  | Check #:                   | Receipt #: |
|                | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover  # _____ |                            |            |
|                | Expiration Date _____ / _____<br>Month Year  | Cardholder Signature _____ |            |