

LMVA Program Registration Application

RECREATION OFFICE:

770-7049 FAX: 837-0486

PARTICIPANT'S NAME		GRADE	DATE OF BIRTH	GENDER	7-DIGIT	CLASS NAME	CLASS FEE	NON-MEMBER
FIRST	LAST	IN SCHOOL	IF UNDER 18		CLASS #			FEE
						TOTAL AMOUNT ENCLOSED	\$	

REFUND POLICIES

ON-SITE CLASSES:

No refunds or transfers will be made for classes after the second class is held. It is incumbent on the lake member to notify the Recreation Office before the second class meeting. A \$5.00 processing fee is charged on refunds. Classes are never prorated and no credit can be given for missed classes for any reason.

One-day workshop cancellations or transfers must be made at least 2 business days in advance. Refunds subject to a \$5.00 processing fee.

OFF-SITE CLASSES:

All classes conducted away from Lake property are subject to the individual business owner's refund/transfer policy. A \$5.00 processing fee is charged on all refunds.

CAMPS:

All on-site and off-site camps are subject to the following refund policies:

Transfer or refund of registration fees will be granted ONLY IF NOTIFICATION TO LMVA IS MADE SEVEN DAYS PRIOR TO THE START OF CAMP. A \$5.00 processing fee will be charged on refunds. The programs that fall under this policy are North and East Beach Day Camps, Tween Camp, Little Folks Camp, Westwind Sailing, Junior Guards A,B and C, Skyhawks, Gymnastics, and any other program listed as "Camp". Camps are never prorated and no credit can be given for missed classes for any reason.

Please read and sign Waiver. Registration will not be processed unless Waiver is signed.

In consideration of your accepting this registration, I hereby agree to indemnify and hold harmless the Lake Mission Viejo Association and any of their officers, agents, and employees from any liability or claim or action for damages resulting from or in any way arising out of the participation in the programs by the person registered. I give permission to Lake Mission Viejo Association to photograph me or my children participating in the programs for use in future Association publicity and understand that I will not receive any compensation for such use I also acknowledge that I have read and agree to all the refund policies above.

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.

(Parent or guardian must sign for participants under 18 years of age)

Signature _____

Date _____

MEMBER INFORMATION

First Name	Last Name	E-mail
Street Address	City	State Zip
Day Phone	Eve. Phone	Cell Phone Property ID #

GUEST INFORMATION (must have member's permission to use membership)

First Name	Last Name	Member's signature
Street Address	City	State Zip
Day Phone	Eve. Phone	Cell Phone

Fees Paid By: Member ___ Guest ___

METHOD OF PAYMENT: Cash \$ _____ (walk-ins only), Check \$ _____, Check # _____, Money from Rec Account \$ _____.

Visa ___ Master Card ___ Card Number _____ - _____ - _____ .exp. ____ / ____ V# _____

Name of credit card holder _____ Signature _____