

ACTIVITY & PROGRAM

REGISTRATION FORM

Pre-registration is required for all programs. Some programs are in high demand and will fill quickly. Early registration is encouraged to ensure programs are not cancelled due to low enrollment.

Online
Visit our website
cameronpark.org

Mail-In
CSD Office:
2502 Country Club Dr.
Cameron Park, CA
95682

Phone
CSD Office:
530.677.2231
M-F, 8A-5P

In Person
CSD Office:
2502 Country Club Dr.
Cameron Park, CA
95682

Name: _____ E-mail: _____
 Address: _____ Phone: _____
 City: _____ Zip: _____ Emergency Contact: _____
 Shirt size: **Youth** S M L XL **Adult** S M L XL How did you hear about us? _____

Participant's Name	Birth Date	Grade	Activity/Class Name	Class Code	Class Date	Fees

Please make checks payable to **CPCSD** **TOTAL Amt. Enclosed:**
 VISA MC AmerExp. Card #: _____ **Exp. Date:**
 I have read the fine print below and agree to it's terms. **Date:**
 (Parent/Guardian if under 18) **Participants Signature:** _____

The Fine Print...

Pre-registration is required for all programs. Please note that there is a \$25 fee for returned checks.
Refund Policy: Full refunds will be given if a program is cancelled by CPCSD. Refund requests need to be made in writing at the CPCSD Office. Full refunds minus the processing fee will be processed when a 2 week notice is given prior to start of the program. Less than a 2 week notice refunds will be pro-rated to 50% due to staff level planning impacts. A "household credit" in lieu of a refund can be provided. There will be a \$5 processing fee for each refund request/ transfer. Refund checks take approximately 3-4 weeks to process. Refunds will not be granted for non-attendance, any excursions, trip or activities that require pre-paid admission, or material fees paid in advance.
Waiver: The enrolled named individual(s), or his or her legal guardian, has read

the class description and understands the nature and content of the class, and in consideration of being permitted to participate in the class, agrees as follows: In consideration of his/her permitted to participate in a class/activity sponsored by the Cameron Park Community Services District (CSD), for myself, my spouse, and my child, do release and forever discharge the CSD, its directors, employees and instructors from any and every claim, demand, action or right of action arising from or by reason of any bodily injury or personal injuries, death or property damage which may occur as a result of his/her participation in the current enrolled class or any activities in connection with the current enrolled class, whether or not caused by any act or omission of the CSD, its directors, employees, or instructors. Cameron Park Community Services District does not have or provide medical or

accident insurance for persons involved in programs sponsored by the Cameron Park Community Services District.
PHOTOGRAPHY RELEASE: By signing this waiver, I understand that the CSD staff or agents may photograph me and/or my minor children and that the CSD may use such photographs to promote recreational programs now and in the future. I expressly allow, and hereby waive any objection to the CSD or its agents photographing me and/or my minor children when I and /or my minor children are participating in CSD programs and activities. I understand that the photos shall remain the property of the Cameron Park Community Services District.



For Office Use Only:
 Receipt #: _____
 Cash Ck CC