

Member

Non-Member

# CLASS REGISTRATION FORM

NAME (Please print)

(Last)

(First)

(MI)

ADDRESS

(Street)

(City)

(Zip)

(Phone Day)

(Phone Evening)

(email)

Participant's Name	Birth Date	Gender	Class/Event Name	Fee

PAYMENT TYPE:  Cash  Check # \_\_\_\_\_  Money Order  Credit Card

**TOTAL AMOUNT:** \_\_\_\_\_

**Returned Check Policy:** A \$25.00 service charge will be assessed for any returned check. A \$20 processing fee is charged for any refunds.

I, \_\_\_\_\_, on behalf of myself or the individual being registered, a participant in the above-program(s) sponsored by the Lakeway Activity Center, do hereby covenant and agree that I assume all risks associated with participation in the Lakeway Activity Center's authorized activity, and do hereby accept that any injury or injuries I or my child might suffer as a result of my participation in the Lakeway Activity Center's authorized activity shall be my own responsibility and that under no circumstances may I maintain any cause or causes of action against the City of Lakeway which arise out of or are in any way associated with my participation in the Lakeway Activity Center's authorized activity. Furthermore, I covenant and agree that this document shall be admissible in any court of competent jurisdiction that adjudicates any cause or causes of controversy existing between myself and the City of Lakeway. Lastly, by this document I do hereby authorize the exclusive by the City of Lakeway of any photograph or photographs that the City of Lakeway may take of my participation in the Lakeway Activity Center's authorized activity.

Participant/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

CREDIT CARD INFORMATION

Cardholder's Name:

Type:  MC  Discover  VISA

\* Required

\* Card #:

\*Exp Date:

\*CVV Code:

