

RECREATION CLASS REGISTRATION FORM

SOL CITY SPORTCENTER AT ALLIANT

Mail to: 10455 Pomerado Rd., San Diego, CA 92131
 Phone: (858) 740-1025
 Fax: 858-653-3890

PARTICIPANT NAMES	CLASS	D.O.B.	DATES	TIME	COST
Make Checks Payable to: Sol City					TOTAL

PARENT/GUARDIAN DETAILS (PLEASE PRINT CLEARLY)

First Name:	Last Name:
Address:	City: Zip Code:
Home Phone:	Cell Phone:
Email:	
Emergency Contact:	Phone Number:

PLEASE CHECK APPROPRIATE BOX

How Did You Hear of the SportCenter? Program Internet Friend Flyer Other _____

Does your child have any special requirements?

Any medical, food or special dietary requirements?

RELEASE OF LIABILITY

Personal Release Statement
 We the undersigned as participants, legal parents or guardians, verify that the participants registering for programs at the Sol City SportCenter at Alliant are in good health and able to fully participate in the registered program. Participants/Legal Guardians recognize that all programs have some risk of injury. We hereby release Sol City, Alliant International University and all officers, directors, owners, instructors and staff affiliated with these organizations (collectively the "Indemnities"), from any and all liability claims for injury, illness and loss sustained by the participants while participating in facility programs. The undersigned (as participants and guardians) listed above assume all risks and absolve, indemnify and hold the Indemnities harmless of any and all liability or damage, injury or expense of any kind arising out of, or connected with all programs.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (If participant under 18 years of age) _____ **Date:** _____

METHOD OF PAYMENT

Check or Money Order for \$ _____ made payable to **Sol City** Staff Receiving Payment _____

Please charge my MasterCard Bankcard Visa Amex

Card No: _____ Expiration Date: _____

Card holder: _____ Card holder signature: _____

Cardholder Postal Address: _____

RETURN REGISTRATION FORM TO ADDRESS LISTED ABOVE

Refund Policy: Refund requests must be submitted prior to the 2nd class meeting. Class fees will not be prorated. **NO** refunds after 2nd class meeting. There is a \$10.00 processing fee on all refunds and a \$25.00 processing fee for all returned checks.