

**LAVC COMMUNITY SERVICES DEPARTMENT REGISTRATION FORM**

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address (Optional) \_\_\_\_\_ Gold Card (Seniors) \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate: ( ) \_\_\_\_\_

Class ID # \_\_\_\_\_ Class Name: \_\_\_\_\_ Class Fee \_\_\_\_\_ Mat Fee \_\_\_\_\_

Class ID # \_\_\_\_\_ Class Name: \_\_\_\_\_ Class Fee \_\_\_\_\_ Mat Fee \_\_\_\_\_

Class ID # \_\_\_\_\_ Class Name: \_\_\_\_\_ Class Fee \_\_\_\_\_ Mat Fee \_\_\_\_\_

<b>Payment Method</b>	*Check _____	Cash _____
Card # _____	Class Total _____ Mat Total _____	
Visa                      MasterCard                      Discover                      American Express	Parking _____ <b>TOTAL \$</b> _____	
Exp. Date _____ / _____ / _____	Sec. Code _____	Decal # v _____ Clerk Initials _____

**Parking Permits required for all Parking lots. Monday-Friday**

**Signature (Required)** authorizes this registration and indicates that you have read and understand the policies on the back of this card. Mail, FAX or bring this form (or copy) to: Community Services Department 5800 Fulton Ave., Valley Glen, CA 91401    www.lavc.edu    (818) 947-2577 Ext. 4172    FAX (818) 947-2930

*Los Angeles Community College District Community Services Class Release*

Student's Name \_\_\_\_\_ Class # \_\_\_\_\_

I understand that the Los Angeles Community College District has no insurance covering medical or hospital costs incurred by students. I agree that while an enrollee at LA Valley College and participating in the above-named class, I will supply my own medical and accident insurance.

Do you have any physical impairments, limitations or medical conditions which may limit participation in activities? Yes \_\_\_\_\_  
 No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration indicates that you (1) have read and understand the refund policy (2) understand that the Los Angeles Community College District has no insurance covering medical or hospital costs incurred by participants (3) recognize that there are risks inherent to participation in recreational activities and agree to release, indemnify and hold harmless the Los Angeles Community College District staff, employees, trustees and volunteers from and against any and all liability from bodily injury and/or property damage which may result from participation in the program. (4) fully consent to emergency medical treatment, should emergency personnel or a physician deem such attention necessary. (5) understand that photographs taken of Community Services programs may be used by the Community Services Department for promoting programs, classes, or events and agree that you will not seek compensation of any kind for use of photographic likeness. Receipt will be mailed.

**There will be a \$10 charge for each refund OR transfer requested. All Camp withdrawals are \$35 each camper per week per withdrawal. Single-day trip refund fees are \$20. For all multi-day tours there will be a minimum \$50 cancellation fee. Request must be made in writing. The amount of your refund will be based on how much fees we can recover less \$50.00. Refunds are not available for EKG Technician class.** Refund or transfer requests may be granted ONLY if presented in writing on a refund request form at least 5 working days before the first class meeting unless otherwise noted. Please choose classes carefully, as refunds, transfers or credits CANNOT be granted once a class has begun. Refunds or credits WILL NOT be issued for absences or late registrations. If you miss some meetings of a class you cannot make them up in another class. Refunds are not made on the basis of not receiving a confirmation. The Community Services Program is not responsible for lost or misdirected mail. There will be a \$10 charge to change a class. If you paid by credit card, your account will be credited. If you paid by cash, check or money order, you will receive a check refund (allow 4-6 weeks for processing). Refunds are given when the College cancels a class or program. If you cancel your registration less than five working days before it begins, NO REFUND will be given. If you are requesting a refund less than five (5) working days before the class meeting, please write a detailed explanation of why you feel the refund is warranted. If accepted, your refund (credit card, cash, or check) will be processed within 2-6 weeks. A \$10.00 refund fee will be charged. The Community Services Department reserves the right to assign any and all uncollected monies resulting from an insufficient check, rejected credit card purchase, or any other failure to pay fees to a collection agency.