

HOW TO REGISTER

1. Pick up a registration form from any Recreation Facility or download from www.pico-rivera.org.
2. Fill out the registration form.
3. Along with payment turn in registration form to front counter Staff.

WALK-IN registration

WALK-IN registration is accepted at the Parks & Recreation Department office, Rivera Park, Smith Mark, Pico Park, Rio Hondo Park, and the Senior Center/Centre for the Arts.

MAIL-IN registration

MAIL-IN registration must include check or money order payment only and be sent to:

Parks & Recreation Department
P.O. Box 1016, Pico Rivera, Ca 90660-1016

FAX-IN registration

FAX-IN registration with credit card information and signature to 562-801-0671.

Cash registrations are accepted only at the Parks & Recreation Department Office.

For more information call 562-801-4430 or visit www.pico-rivera.org.



REGISTRATION FORM

Yes, sign me up!

Adult/Parent or Guardian

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____ Cell/Emergency Phone: _____



Participants' Names		Birth Date	M/F	Activity Name	Activity #	Activity Fee
Last	First	(Mo/Day/Yr)				
						\$
						\$
						\$
						\$
						\$

Receipt No. _____ Input by: _____ Date _____ Total Amount \$ _____



Please list any ADA accommodations needed:

CREDIT CARD PAYMENT

Check type of card: Visa  MC  American Express 

Card # _____ Expiration Date: ____ / ____

Signature of Cardholder _____ Date _____

Hold Harmless Agreement

I agree to waive and release the City of Pico Rivera and its officers, agents, and employees from and against any and all claims, cost liabilities, expenses or judgements, including attorney's fees and court costs arising from my (or my child's) participation in the City's recreation program or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the City of Pico Rivera from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from willful misconduct on the part of the City or its employees. I understand and agree that by signing this waiver, I am freeing the City of Pico Rivera and its employees, officers or agents from any liability resulting from my (or my child's) participation in this event or activity. I hereby represent that i understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreation program. I personally read and understand this Release.

Photo/Video Release

I give my permission to the City of Pico Rivera to photograph/video tape me or my children participating in the programs for use in the City of Pico Rivera publicity and publications and will not seek compensation for such. Videos/Photos will be used for the purpose of promoting various programs and services to the community.

Signature of Parent/Guardian _____ Date _____

Refund Policy

- Refund requests must be submitted in writing, Attention: Program Supervisor
- A \$10 refund processing fee will be charged for each refund requested.
- Refunds will NOT be given after 2nd week of classes are completed.
- If a class is cancelled by the department, a full refund will be processed automatically.
- Refunds will be mailed within two to three weeks of the request.

Make Checks Payable to:
 City of Pico Rivera
 Mail To:
 Parks & Recreation Department
 P.O. Box 1016, Pico Rivera, CA 90660
 Fax To:
 (562) 801-0671