



# SVUSD Community Services Department Program Registration Form

Effective August 9, 2013 the SVUSD Community Services Department will be moving to the ACTIVE network for all future registrations. To access the new registration site please log on to our website at [www.saddlebackrecreation.com](http://www.saddlebackrecreation.com), click the REGISTER ONLINE link and you will be redirected to the ACTIVE network registration site.

What does this mean for you? All current and new customers will have to create a new account through ACTIVE, ensuring less duplicate accounts, and a more customer friendly registration process. Also, customers will no longer be charged the current \$5 processing fee. We hope that the ACTIVE network will help ease the registration process for our customers, and help add to the successful programs that the Community Services Department offers. To register online, create your new ACTIVE network Barcode and Pin Number, or for additional program information please visit our website at [saddlebackrecreation.com](http://saddlebackrecreation.com).

**PRIMARY CONTACT** (responsible adult for registering persons in the courses)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ \*Email: \_\_\_\_\_

\*All accounts will require a valid email address.

Activity #	Participant Name	Grade	Birthdate (minors)	Sex	Activity Name	Start Date	Fees
				M / F			
				M / F			
				M / F			
<b>Total</b>							

T-Shirt Size: Youth Camps, Clinics & Leagues (circle) YOUTH: M / L - ADULT: S / M / L / XL  
 Please check here if you wish to donate \$1 to the Mark Feldman Scholarship Fund to benefit low income families: \_\_\_\_\_  
 \_\_\_\_\_ American Express, \_\_\_\_\_ Discover, \_\_\_\_\_ MasterCard or \_\_\_\_\_ Visa Acct.#:  
 \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

If credit card name is different from parent/guardian listed above, please write it here: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Please Print Name: \_\_\_\_\_

*I voluntarily agree to participate or for my children to participate in this or these programs. I realize that every precaution is taken to eliminate any hazards and a competent supervisor is present; however, in the event of any injury to myself or my child, I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the employees of, the of Community Services Department personnel and the Saddleback Valley Unified School District.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to:** SVUSD Community Services Department, 25171 Moor Ave., Mission Viejo, CA 92691  
 If you would like a confirmation please enclose a self addressed stamped legal size envelope.  
**Or Fax:** Registration form with your American Express, MasterCard or Visa Card number to (949) 454-0790.  
 Available 24 hours a day! Confirmation of registration will be emailed to you!

**Refund / Cancellation Policy:**

1. Full refunds/credits are available for courses cancelled by the Department.
  2. Refund requests must be received 3 business days prior to the start of program and will be subject to a \$10 withdrawal processing fee.
  3. NO partial refunds will be granted for swim lessons and/or camps.
  4. All credits granted will be valid for one year from the date of issue.
  5. NO withdrawal will be accepted after the completion of a program regardless of participant attendance.
- \_\_\_\_\_ Refund (Please see #2 above)  
 \_\_\_\_\_ Non Refundable Credit on Account (Valid for one year after the date of issue)

**Note: Payments made by check may take up to 45 days for refunds to process.**