REGISTRATION INFORMATION

Registration is required for all programs.

Programs are subject to change without notice.

Confirmation receipts are emailed for fax and mail-in registration. Online registration receipts available under account information.

Registration will NOT be accepted over the phone.
Fees are not pro-rated for missed classes or late registration.
If program is full, you will be placed on a wait list. If space becomes available, City staff will contact you and provide a 24 hour response time before moving to the next person on the list. No class petitioning permitted.

Credit Cards Accepted

VISA

MAIL IN, WALK IN OR EMAIL

Registration form and payment to: OASIS Senior Center 801 Narcissus Ave. Corona del Mar, 92625

Hours: M-F, 8 a.m. - 5 p.m.

Email: OASISCenter@ newportbeachca.gov

WAYS TO REGISTER ONLINE

Available only prior to class start date.

- 1. Go to
- www.newportbeachca.gov/register
- 2. Click on Sign in
- 3. Enter Username & Password.
- 4. Click on Register
- 5. Filter Activities or Search for class
- 6. Click on Name of Activity.
- 7. Click Add to Cart.
- 8. Follow the steps for payment.

FAX

Fax your registration form and include your Visa, MC, Discover or Amex card number and expiration date to:

(949) 640-7364

Faxes are processed during regular business hours and only upon receipt of a completed and signed registration form

Exp. Date ____

First Name			Last Name	
Address Home Phone Work/Cell		ity	Zip	
		one		
Participant's Name	Gender	Class # Session	Class Name	Fee
PHOTO RELEASE I understand that fro			Class Fees	
photograph activities of City recreation p form, I authorize the City of Newport B taken by the City showing my participa	seach to use or pation or my child	oublish any photographs d/children's participation	Non-residents add \$5 for classes \$74 & under OR \$10 for Classes \$75 & over	
to promote classes on the City's website future publications of the Newport Navi <u>c</u>			Total Paid	
PARTICIPANT is in good health and phys PROGRAMS hazardous to PARTICIPANT's physical fitness to participate in the PRO could create an unreasonable risk to PAR PROGRAM PROVIDERS may terminate Paparticipation in the PROGRAMS could resonat limited to, strenuous physical activity exposure to moisture, heat, cold, humidi limited to, scrapes, bruises, cuts, sprains, cord injuries, internal injuries, or other injurational participant AGREES TO ASSUME ANY ACERTIFY THAT PARTICIPANT AGREES, ON THE PROGRAM PROVIDERS HARMLESS FRORESEEN OR UNFORESEEN, KNOWN OR certify under penalty of perjury under the	ically able to part health or the hoograms when restricted a TICIPANT or other articles are strains, tearing of the strains, tearing of the strains of the strains of the strains are strains of the strains of the strains are strains, tearing of the strains of the state and and and all the strains are strains, tearing of the state and are strains.	rticipate in the PROGRAMS, ealth of others; (4) agree to equested by PROGRAM PROGRAM PROGRAM participation in the PROGRAM participation in P		make participation in the ssional of PARTICIPANT's cipation by PARTICIPANT (ROGRAMS; (6) agree that tion; (7) understand that is a result of, including by nother persons or things, may include, but are not d or facial injuries, spinal JURY"); (8) CERTIFY THAT (RTICIPANT'S BEHALF; (9) EASE, WAIVE, AND HOLD WHATSOEVER, WHETHER (HE PROGRAMS; and, (10))
program or activity conducted or sponsor safe and enjoyable activities for all particip from using abusive or foul language. 4. Re	ed by the City of pants: 1. Be respe- efrain from causin	Newport Beach Recreation ctful of and to all participang bodily harm to self, other	iate behavior at all times while participating, being a s & Senior Services Department. The following guideline ts and program staff. 2. Take direction from program : participants, or program staff/supervisors.5. Refrain fr re to follow these rules may result in denial of program p	es are designed to provide staff/supervisors. 3. Refrain om damaging equipment,
Mandatory Signature:			Date:	
Non-resident Fee -Those who do not reside within Refund Policy Unless otherwise noted — A \$10 the second time. A full refund will be granted when c Fitness Center Refund Policy — A \$20 refund fee w Special Assistance - If you need special accommoda	O (for classes priced \$7 cancelled by Recreatio vill be charged if the re	74 and below) or \$20 (for classes p on staff. One and two day classes re equest is made within one week of	riced \$75 and above) refund fee will be charged if the request is ma quire 5 business days notice for a refund or transfers. sign-up. After one week no refunds will be granted.	de prior to class meeting for
Refund Processing Time/Payment Type - Check/	Cash- Refunds proces	sed within 3-4 weeks by mailed che	ck. Credit Card — Refunds processed within 3-5 days CVC	