

Registration

Registration Information

Registration is on a first-come, first-served basis and is required for all classes prior to participation.

Register early as some classes fill quickly or may be canceled prior to the first class due to low enrollment.

You are only notified if a class is full or canceled.

Complete Registration/Enrollment Form

1. Complete all sections of enrollment form. Print clearly and sign and date form.
2. One payment may be made for all family members. Non-family members must complete a separate enrollment form.
3. If paying by check, make payable to:
The City of Orinda
4. If paying by credit card (only VISA/MasterCard), include the card expiration date, card holder's name, and sign.

Submit Registration Form & Payment

Fax, hand carry, mail, or on-line registration form and payment to:



Fax
(925)253-7716 (VISA or Mastercard only)



Hand Carry
Orinda Community Center, 28 Orinda Way
Hours: Monday-Friday 8:30a-5p



Mail
Orinda Parks & Rec-
Recreation Program Registration
28 Orinda Way, Orinda, CA 94563



On-line
www.cityoforinda.org

After Hours Night-Drop (when the building is open)
Located under the counter just to the right of the main office.

Discount on Orinda Parks & Rec-Community Center Class Fees

Orinda senior citizens (62+) may receive a discount when registering for most Orinda Parks and Recreation classes over \$20. Discounts do not apply to classes in the Senior Section as the discount has been applied.



Cancellation/Transfer Requests

Requests must be received in the Orinda Park & Recreation Office, in writing, 14 days prior to the first day of camp, class, or workshop. Cancellation and/or transfer requests received prior to 14 days will be issued a check refund minus a \$20 processing fee (\$30 for camps). No cancellations or transfers after 14 days prior to the first day of class, camp, or workshop. In the case of serious illness or injury, a refund will be *considered* with a note from a physician. No cancellations after the first day of class. Refunds or credits are not issues for on-line convenience fees.

Cancelled Classes

Classes and activities not meeting the minimum enrollment 2-4 days prior to the start of class will be canceled and a full check refund issued (on-line registration will receive a refund for the amount paid for the class, convenience fees are not refunded).

Subscribe to City of Orinda Email Notifications

The City of Orinda has an email notification system that provides updates on important community alerts, emergency notifications and City Council meeting notices. Register online at www.cityoforinda.org and click on 'subscribe to email notifications.'

On-Line Registration-

Visit our website at www.cityoforinda.org

Registration Information
(925)254-2445

**Parks
Make
Life
Better!**



Program Registration Form | 2011

Orinda Parks & Recreation Department

28 Orinda Way, Orinda, CA 94563 • Phone (925)254-2445 • Fax (925)253-7716



Please print clearly. All information must be completed.

Adult/Parent Name (Last, First) _____ E-mail _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Address _____ City _____ Zip _____

Emergency Contact Name _____ Emergency Phone (____) _____

Does participant have a medical condition or limitation we should be aware of please check here.

List condition: _____

| First Name | Last Name | Age | Birthdate <small>If under age 18</small> | Class Name | Code | Start Date | Day | Time | Fee |
|------------|-----------|-----|---|------------|------|------------|-----|------|-----|
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MAKE CHECKS PAYABLE TO The City of Orinda

Discount (if applicable) _____

PLEASE CAREFULLY READ THE REGISTRATION AND CANCELLATION POLICIES ON PAGE 56.

TOTAL _____

It is your responsibility as the consumer to understand our policies in the event you need to withdraw from our classes.

In consideration of being permitted to participate in City of Orinda Parks and Recreation activities, THE UNDERSIGNED, as a participant or legal guardian representing a minor participant, HEREBY FOREVER RELEASES, WAIVES AND DISCHARGES THE CITY OF ORINDA, its directors, officers, employees, agents, independent contractors, and volunteers from any and all liability, to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss and/or damages and any claims or demands occurring or resulting from any accidents, injury, and/or damage to the person or property or death of the undersigned or their minor, arising out of or connected with participation in activities on the City of Orinda's property or site utilized by the City of Orinda, and/or while using the premises, facilities, and or equipment thereon, whether or not caused by the negligence and/or property of the City of Orinda, its directors, officers, employees, agents, independent contractors, or volunteers.

THE UNDERSIGNED, as a participant or legal guardian representing a minor participant, ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, due to the negligence of the City of Orinda, its directors, officers, employees, agents, independent contractors, and volunteers or otherwise while in, upon, or about the premises of the City of Orinda, or site utilized by the City of Orinda, and/or while using the premises, facilities, and or equipment thereon.

THE UNDERSIGNED, as a participant or legal guardian representing a minor participant, agrees to INDEMNIFY AND HOLD HARMLESS the City of Orinda, its directors, officers, employees, agents, independent contractors, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees, brought as a result of the undersigned's or their minor's involvement in activities while in, upon, or about the premises of the City of Orinda, or a site utilized by the City of Orinda, and/or while using the premises, facilities, and or equipment thereon, and to reimburse the City of Orinda for any such expenses.

THE UNDERSIGNED HEREBY PERMITS the taking of photographs or videos of themselves or their minor to be used at the City's discretion and understand they may be used for marketing purposes.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement has been made. The undersigned hereby acknowledges fully understanding the terms of this agreement and acknowledges that by signing this agreement the undersigned completely and unconditionally releases the City of Orinda, its directors, officers, employees, agents, independent contractors, and volunteers from any and all liability to the greatest extent allowed by the law.

Signature _____ Date _____

FOR PAYMENT BY CREDIT CARD Please circle payment method: VISA Mastercard

Cardholder's Signature _____ Cardholder's Name _____
Please Print

Credit Card Number _____ Expiration Date _____

Registration Form



Orinda Parks & Recreation offers an exciting Summer Camp thru BandWorks School of Rock. BandWorks will be offering many different programs as part of our Summer Rock n' Roll Camp for kids and teens ages 8 and up. Each workshop provides a supportive environment for young musicians to develop their skills while having fun playing the music they love. Classes are taught by our Pro Musician Instructors who love to teach and are trained specifically to encourage young musicians to have fun, explore their musical creativity, and learn to work effectively in a group setting. All students get to play in a live on-site performance for family and friends as part of their last class meeting.

BandWorks Summer Camps in Orinda include:

- **Intro to Rock Band Instruments**
- **Classic Rock Bands**
- **The Music of Guitar Hero**
- **The Music of The Beatles**
- **Rock Jam**



***This is a supplemental registration form that BandWorks requires in order to prepare your program.
Please mail your completed form to: BandWorks, 2034 Blake Street, #9, Berkeley, CA 94704
Or fax your form to: 877. 395. 9468***

Camp Session(s) date(s): _____ Camp Program Name(s) _____ Time(s): _____

Student Name: _____ Date of Birth: _____

Name of parent or legal guardian: _____

Phone: (home) _____ (cell) _____ (work) _____

Email #1: _____ Email #2: _____

Please briefly describe any musical experience, and if applicable, list the names and contact info of your music teacher(s) : _____

Instrument(s): _____ # Years Experience: _____

Additional Notes regarding Musical Experience and Preferences: _____

I authorize BandWorks to see that the above named child receives medical treatment in an emergency.

Parent/Guardian Signature _____ Date _____

**Questions? Want more info about BandWorks? Please contact us!
510. 843. BAND (2263) or info@bandworks.com or visit our website:**