

ENROLLMENT FORM

CITY OF LA MESA COMMUNITY SERVICES  
 4975 MEMORIAL DRIVE, LA MESA, CA 91942  
 619-667-1300 / FAX 619-464-3761

**OFFICE USE ONLY**

F/N \_\_\_\_\_  
 Rct # \_\_\_\_\_  
 Page \_\_\_\_\_ of \_\_\_\_\_ Date \_\_\_\_\_  
 Received \_\_\_\_\_  
 Received by \_\_\_\_\_

Please print clearly

Note: If you need special accommodations, please contact us at least two weeks in advance of the program.

Main Contact-Adult's Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

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

**Note your class dates & times. No confirmations sent;  
 you will be notified if class is filled or cancelled.**



Are you a new participant? \_\_\_ Yes \_\_\_ No

**PLEASE CHOOSE CAREFULLY. NO REFUNDS. CHANGES \$10 EACH**

| Last Name | Participant(s) | First Name | Date of Birth | Name of Class or Camp | Start/End Dates | Class Time | Fee |
|-----------|----------------|------------|---------------|-----------------------|-----------------|------------|-----|
|           |                |            |               |                       |                 |            |     |
|           |                |            |               |                       |                 |            |     |
|           |                |            |               |                       |                 |            |     |
|           |                |            |               |                       |                 |            |     |
|           |                |            |               |                       |                 |            |     |
|           |                |            |               |                       |                 |            |     |
|           |                |            |               |                       |                 |            |     |
|           |                |            |               |                       |                 |            |     |

Yes! I would like to donate to the following funds: Youth Scholarship Fund \$ \_\_\_\_\_ Youth Golf Fund \$ \_\_\_\_\_ It's Child's Play... Playground Upgrades \$ \_\_\_\_\_ Donations Total:

**Total \$**

DISCLAIMER: By signing below, and in consideration for my participation, I agree I will not hold the instructor, contractors, sponsors, officials, or members of the City of La Mesa Department of Community Services responsible for any injury which any participant might incur while in the program. I grant full permission for use of the participant's name, voice, and/or picture in any related media or other promotional materials for any purpose without compensation. Community Services staff reserves the right to refuse service for disruptive behavior. I understand and agree that my non-compliance with any facility policies or procedures may result in refusal of service by Community Services.

REQUIRED Responsible Adult SIGNATURE \_\_\_\_\_ PLEASE PRINT Responsible Adult Name \_\_\_\_\_

METHOD OF PAYMENT: No cash via mail. We are not responsible for cash sent throught the mail or drop-box.

Check # \_\_\_\_\_ or Money Order Make checks payable to **City of La Mesa** A fee of \$25 plus postage will be charged for all returned checks.

Please charge my:  Visa  MasterCard / Account Number:

Exp. Date  /  /

SIGNATURE OF CARD HOLDER \_\_\_\_\_ DATE \_\_\_\_\_ PRINT CARD HOLDER NAME \_\_\_\_\_  
**Signature Required**