

City of Buena Park • Mail-In Registration Form Checks payable to CITY OF BUENA PARK

Participant's Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____

1. Class/Event: _____ Dates: _____

Day of the week: _____ Time: _____ Cost: _____

2. Class/Event: _____ Dates: _____

Day of the week: _____ Time: _____ Cost: _____

Email Address: _____ TOTAL Enclosed: _____

MAIL TO: BUENA PARK RECREATION, 8150 KNOTT AVE. BUENA PARK, CA 90620

RELEASE OF LIABILITY: I absolve and agree to hold harmless the city of Buena Park, its employees, officers or agents from any liability which may result from my participation of that or any minor in my legal custody, in the above activity. I give permission for his/her participation in the above activity and for any necessary emergency medical treatment.

Signature: _____ Date: _____

For more information on any of the above listed programs, please call (714) 236-3860 or visit www.buenapark.com