

Registration Form

Stallion Springs Community Services District Parks and Recreation Department
27800 Stallion Springs Drive, Tehachapi, CA 93561
661-823-7883 or 661-822-3268

Program Name: _____

Start Date: _____ Time: _____

Participant Name: _____ Age: _____

Address: _____

Home Phone: _____ Other Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Registration Information

Residents of Stallion Springs are those that live within the Community Services District. Other participants will incur a non-resident fee. The Stallion Springs Parks and Recreation Department reserves the right to photograph facilities, activities, and program participants for potential future use. All photos remain the property of Stallion Springs and may be used for publicity and promotional purposes.

Refund Policy

Requests for refund must be made 48 business hours prior to the first class meeting. A \$5 per enrollment fee will be applied to all refunds. No refunds will be given once the program begins. Please allow 4 weeks to process.

Initial here: _____

Cancellation Policy

Due to enrollment factors, and other conditions beyond our control, schedules are subject to change and/or cancellation. Full refunds will be given for any class cancelled by Stallion Springs Parks and Recreation Department.

Initial here: _____

Agreement, Waiver, and Release

I hereby release from liability Stallion Springs Community Services District Parks and Recreation Department its employees, agents, representatives and contractors.

Initial here: _____

Parental Consent (to be completed and signed by parent/guardian if applicant is under 18 years of age.)

I hereby consent that my son/daughter, _____, participate in the above activity, and I release Stallion Springs Parks and Recreation Department its employees and representatives from all liability. I state that said minor is physically able to participate in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND STALLION SPRINGS PARKS AND RECREATION DEPARTMENT.

Name: (please print) _____

Signature: _____ Date: _____

For Official Use Only

Date Received: _____ Received by: _____

Check # _____