

TOPANGA COYOTE CLUB

120 N. Topanga Cyn Blvd., Topanga, CA 90290
310 455 3700

PROGRAM REGISTRATION FORM

Name	Parent/Guardian if applicable	Date of registration
Street address	Child's date of birth	e mail address
City State ZIP	Home telephone	cell/work telephone

PROGRAM	AMOUNT	INSTRUCTOR	START Date	END date	

Make Checks payable to "Topanga Coyote Club"

There is a \$20.00 service charge on all checks returned from the bank.

REFUND POLICY

If a reservation is canceled at least fourteen days prior to commencement of the class, Topanga Coyote Club will refund all but \$20.00 of the payment. A program may be canceled in the event minimum registration is not met within 48 hours of the start date. A refund will be issued in the event that a program is canceled by Topanga Coyote Club. Otherwise, payment is non refundable.

The undersigned agrees to defend, indemnify, and hold harmless Topanga Coyote Club, its officers and their families, its employees, instructors, agents and all other persons and organizations and entities connected with Topanga Coyote Club, from and against any and all loss, liability charges, and expenses including attorney's fees and costs which may arise by reason of participation in any program. Topanga Coyote Club does not provide medical, liability, worker's compensation insurance or any other insurance for program participants. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use.

Signature ADULT/PARENT _____ Date _____

EMERGENCY CONTACT INFORMATION

NAME PHONE RELATIONSHIP

Please inform the instructor of any physical limitations you might have. If you have any doubts about your physical abilities, please consult with your physician before participating. Students may decline to participate in any activity.