

# Registration Form

**Please Direct all Program Inquiries to Carpinteria Community Pool (805) 566-2417**

## REFUND POLICY

All requests must be made **48 hours** prior to first class and in writing. All requests must include:

- Reason for the Refund
- Program Name
- Session Number or Class Date
- Date and Amount Paid
- Receipt or Canceled Check (no exceptions)

*A \$10 processing fee will be deducted from each refund unless program canceled by City.*

• WALK-IN REGISTRATION  
Carpinteria Community Pool  
5305 Carpinteria Avenue  
9am - 7 pm.

• REGISTRATION BY MAIL  
Send this form and fees to:  
**City of Carpinteria  
Summer Programs  
5775 Carpinteria Avenue  
Carpinteria, CA 93013**  
Include a check or provide your credit card number.  
(Please, no cash by mail.)

## For office use only

Payment Method:

- Cash  
 Visa    Mastercard  
 Discover    AmEx  
 Check #  
 Check \$  
 Medical Release Received  
 Liability Release Received  
 Scholarship Pending  
 Scholarship Granted

Received by: \_\_\_\_\_

Program Name	Session	Fee	Participant Name	Age
<b>Total Amount Due:</b>		<b>\$</b>	<b>Date Payment Received:</b>	<b>/ /</b>

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name (If participant is a minor): \_\_\_\_\_

Signature (Signature of Parent/Guardian if minor): \_\_\_\_\_

### *Credit card payments accepted*

Method of Payment:    Cash    Check (Payable to **City of Carpinteria**)

Credit Card Number: \_\_\_\_\_ CVC: \_\_\_\_\_

Cardholder Name as it appears on card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**PLEASE CONTACT ME,  
MY CHILD HAS SPECIAL NEEDS**