

Information & Policies

1 ONLINE

Available only prior to class start date.

1. Go to www.newportbeachca.gov
2. Click on Classes.
3. Click on My Account.
4. Enter Username & Password.
5. Click on Register for Activities.
6. Sort Activities or Search for class
7. Click on Name of Activity.
8. Click Add to My Cart.
9. Follow the steps for payment.

2 MAIL-IN OR EMAIL

Registration form and payment to:
Recreation & Senior Services Dept.
City of Newport Beach
100 Civic Center Drive
Newport Beach, CA 92660

Email: recreation@newportbeachca.gov

3 FAX-IN

Both pages of the registration form including your Visa, MC, Discover or AmEx card number/expiration date and fax to 949-644-3155. Faxes are processed during regular business hours.

4 WALK-IN

Recreation & Senior Services Dept.
100 Civic Center Drive, NB, Ca 92660
Mon-Thurs: 7:30am-5:30pm
Friday: 7:30am-4:30pm

Newport Coast Community Center (NCCC)
6401 San Joaquin Hills Rd. NB, Ca 92657
Mon-Thurs: 8:00am-10:00pm
Friday: 8:00am-5:00pm
Saturday: 9:00am-3:00pm

OASIS Senior Center
801 Narcissus Ave. CdM, Ca 92625-1501
Mon-Fri: 8:00am-5:00pm

Marina Park Community Center
1600 Balboa Blvd., NB, Ca 92663
Mon-Thurs: 7:30am-5:30pm
Friday: 7:30am-4:30pm

REGISTRATION INFORMATION

- Registration is required for all programs/camps.
- Programs/camps are subject to change without notice.
- Fax and mail-in registrations are processed upon receipt of a completed and signed registration form.
- Confirmation receipts are emailed for fax and mail-in registration. Online registration receipts available under account information.
- Registration will NOT be accepted over the phone.
- Fees are not pro-rated for missed classes or late registration.
- If program/camp is full, you will be placed on a wait list. If space becomes available, City staff will contact you and provide a 24 hour response time before moving to the next person on the list. No class petitioning permitted.

REFUND POLICY

Program Cancellation A full refund will be granted if program/camp is cancelled by the Recreation & Senior Services Department.

Participant Request for Program/Camps Unless otherwise noted, no refunds after the commencement of the second class or camp. Refunds for workshops and one or two day classes will be granted if requested five business days before class begins.

REFUND FEES

Classes/Workshops

- \$10 for classes/camps \$74 and under.
- \$20 for classes/camps \$75 and above.

Newport Beach Day Camps/Pint Sized Campers

- \$25 refund fee applies for withdrawals with seven days or more notice.
- \$50 refund fee applies for withdrawals with six days or less notice.
- No refunds once camp has begun.

Contract Summer Camps

- \$10 for camps \$74 and under before camp begins
- \$20 for camps \$75 and above before camp begins
- If request is made before the second day of camp a refund fee equivalent to a single day of camp will be charged unless otherwise noted. NO REFUNDS after commencement of second day of camp.

Events/Excursions

- No refunds.

Refund Processing Time/Payment Type

- Check/Cash- Refunds processed within 3-4 weeks by mailed check.
- Credit Card - Refunds processed within 3-5 days

PARTICIPANT CODE OF CONDUCT

All participants are expected to exhibit appropriate behavior at all times while participating, being a spectator, or attending any program or activity conducted or sponsored by the City of Newport Beach Recreation & Senior Services Department. The following guidelines are designed to provide safe and enjoyable activities for all participants:

1. Be respectful of and to all participants and program staff.
2. Take direction from program staff/supervisors.
3. Refrain from using abusive or foul language.
4. Refrain from causing bodily harm to self, other participants, or program staff/supervisors.
5. Refrain from damaging equipment, supplies, and facilities.
6. Refrain from harassment of staff, instructors or participants. Failure to follow these rules may result in denial of program participation privileges. The City of Newport Beach Recreation & Senior Services Department strives to make your participation fun-filled, rewarding, educational and safe. Thank you for your cooperation.



 [credit card information](#)

CREDIT CARD NUMBER:

EXP. DATE:

CVV (3 or 4 digit code on back of card):

TOTAL:

PRINT NAME AS IT APPEARS ON CARD:



City of Newport Beach Recreation & Senior Services
 100 Civic Center Drive, Newport Beach, CA 92660

www.newportbeachca.gov

PH: 949-644-3151 FAX: 949-644-3155 EMAIL: recreation@newportbeachca.gov

PLEASE NOTE:
We will email your receipt.

EMAIL

ADULT/GUARDIAN FIRST NAME **LAST NAME**

ADDRESS **CITY** **ZIP**

HOME PHONE **CELL PHONE** **WORK PHONE**

PARTICIPANTS NAME	DATE OF BIRTH	GENDER	CLASS #	CLASS NAME	FEE
<i>example</i> John Doe	04/18/07	M	NCC230	Gymnastics	\$60
PAYMENT OPTIONS Cash, checks and credit cards accepted. Please make checks payable to the City of Newport Beach. If paying by credit card, please fill out the credit card information form on the adjacent page.				TOTAL CLASS FEES:	
SPECIAL ASSISTANCE If you need special accommodations for activities notify the Recreation & Senior Services Department at 949-644-3151 or recreation@newportbeachca.gov .				Non-Resident Fee for Classes	\$5/class \$74 & below \$10/class \$75 & up
				Non-Resident Fee for Camps	\$10/camp \$124 & below \$20/camps \$125 & up
				GRAND TOTAL:	

REGISTRATION INFORMATION & POLICIES I (We) the undersigned certify that I (We) have read, reviewed, understand and agree to the Registration Information & Policies on adjacent page. These policies are also included as part of your receipt.

PHOTO RELEASE I understand that from time to time City representatives may photograph activities of City recreation programs and participants. By signing this form, I authorize the City of Newport Beach to use or publish any photographs taken by the City showing my participation or my child/children's participation to promote classes on the City's website and other social media used by the City, future publications of the Newport Navigator and/or flyers.

WAIVER & RELEASE OF LIABILITY In consideration of participation in the Program, I (We), the undersigned, recognize, agree and acknowledge as follows: (1) Participation in the Program is voluntary; (2) Follow and abide by the rules, regulations, guidelines and Participant Code of Conduct (3) The participant is in good health, physically able to participate in the program without restrictions and has no medical condition that would or may cause participation to be potentially hazardous to his or her health, which the city can request participant to agree to furnish medical documentation at participants own expense; (4) Failure to disclose a medical condition could terminate participation; (5) There is a real possibility that participant could be seriously injured while participating in the Program; (6) Participant assumes all risks associated with participation in the Program. Participant acknowledges the inherent and potential dangers of participating and expressly waives and voluntarily assumes all risk of personal injury or death which may be sustained while participating . I (WE) RECOGNIZE THAT REGISTRATION IN THE PROGRAM IS DANGEROUS AND CONTAINS RISK OF PERSONAL INJURY, DEATH, DISABILITY, PROPERTY DAMAGE OR LOSS ("DAMAGES"). I ASSUME ANY AND ALL RISKS associated with my or my child's participation in the Program, including, but not limited to, strenuous physical activity or exertion; striking or being struck, by objects or persons; slipping; and exposure to heat, cold or humidity. Such risk may result in injuries that include, but are not limited to: sprain, strain or tear of muscles or ligaments; fracture or dislocation of joints or bones; head or facial injuries; spinal cord or internal injuries. I know that the risks, hazards and dangers include, but are not limited to, falling, slipping, colliding with other users, staff or spectators. I understand that these risks, hazards and dangers are further increased when other persons, whether or not of the same level of experience, are present at the same time and/or using the same facilities. ALL SUCH RISKS ARE KNOWN AND APPRECIATED BY ME. I hereby, for myself, my child, heirs, or anyone who might claim on my or my child's behalf, agree not to bring any claim, and waive, release and forever discharge the City of Newport, the Newport-Mesa Unified School District, and all of their officers, agents, and employees from any and all duty to me, my child and/or liability for damages arising out of or in the course of my child's participation in the Program, including all liability for any active or passive negligence by the City/Newport-Mesa Unified School District and/or their officers, agents and employees. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I waive and voluntarily assume all risk of personal injury which may be sustained while participating. The laws of the State of California shall govern this agreement. The undersigned, hereby acknowledged to be lawful parent(s) and/or guardian(s) of the participant, acknowledge(s) my/our qualifications to sign the Release on behalf of the participant.

MANDATORY SIGNATURE

DATE