Registration Form

Please print clearly. (Form may be duplicated, one family per form.)

Participant Information: ❑ *Check if this is a new address or phone number.*
Torrance residents must provide proof of residency.

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (____) _____ Home Phone: (____) _____

Cell Phone: (____) _____ Fax #: (____) _____

email address: _____

Payee Information: (Person paying for registration) ❑ *Check if this is a new address*

Name: _____

Driver's License: _____

Fill in below if different from participant:

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (____) _____ Home Phone: (____) _____

Cell Phone: (____) _____ Fax #: (____) _____

email addresss: _____

Participant's Full Name *(First and Last)*	Birthdate *(If under age 18)*	Sex	Name Of Activity	Activity Code Numbers			Program Fee Res./Non-resident
				1st Chioce	2nd Choice	3rd Choice	

IT'S EASY! NOW YOU CAN USE YOUR CREDIT CARD!

I Hereby Authorize The Use Of My: ❑ Mastercard ❑ Visa

Print Name As It Appears On Card: _____

MasterCard or Visa #: _____

Expiration Date: Month _____ Year _____

Signature: _____

Credit Card Requests Must Have a Signature

IF PAYING BY CHECK

Send separate checks payable to:

City of Torrance Registration

3031 Torrance Blvd., Torrance, CA 90503

Phone (310) 618-2720

If faxing, send with credit card information to:

FAX (310) 781-7598

Sub-Total	
Credit/Discount	
Total Fees	

FOR OFFICE USE ONLY

CC
Rec
Date

☞ **Please Include a Stamped, Self-Addressed Envelope to Receive Your Receipt**

I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Torrance harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with participation in this activity. I also agree, as participant/parent/guardian of any paid or free event, class, activity, or program, to grant full permission to the City of Torrance to use my name and any photographs, videographs, motion pictures or recordings for any publicity and promotion without obligation or liability to me. I verify that all the above information is true and accurate.

I understand that the office must be notified of a refund request one (1) working day prior to the first class and that a 20% service charge will be withheld.

Signature: _____ Print Name: _____ ❑ Parent ❑ Legal Guardian ❑ Participant