

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

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: _____
 Home Phone: (____) _____ Work Phone: (____) _____
 Cell Phone: (____) _____ Fax #: (____) _____
 email address: _____

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 Choice	2nd Choice	3rd Choice	

CREDIT CARD INFORMATION	
I Herby Authorize The Use Of My: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Print Name As It Appears On Card: _____	
Credit Card #: _____	Expiration Date: Month _____ Year _____
Security Code _____	
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

Receipt # _____
 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