10911 Oak Street Los Alamitos, Ca 90720-2315

Class/Activity Registration Form PLEASE PRINT AND FILL OUT FORM

LAST NAME (Adult):			FIRST NAME (Adult):			DOB (Adult) (REQUIRED):			
ADDRESS:		HOME PH	IONE:						
<mark>CITY/STATE/ZIP:</mark>			<mark>SECONDA</mark>	RY PHON	<mark>E (REQUIRED)</mark>)		CIRCLE OI	NE: CELL	WORK
E-MAIL ADDRESS:			HAS YOUR INFORMATION CHANGED? YES NO LOS ALAMITOS RESIDENT NON-RESIDENT						
Delace, Waive and Assumption of Risk I fully understand that myny child's participation in the events/programs/classes listed below, exposes me/my child to the risk of personal injury, death or property damage. I hereby acknowledge that I/my child and each of their respective officers, agents, employees, representatives, board members, volunteers and sponors for any injury, death or damage to or loss of personal property arising out of, or in connection with my/my child's participation in the event/program/class for whatever cause, including the active or passive negligence of City of Los Alamitos or LAUSD or Military Department of the State of california and each of their respective officers, agents, employees, representatives, board members, volunteers and sponsors, or any other participation in the event/program/class. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case leaw and/or statutory provision. In consideration for being permitted to participate in the event/program/class. Itel part is the advent/program/class. The parties to this agreement understand that this document is not intended to release any party from any act or onission of "gross negligence," as that term is used in applicable case leaw and/or statutory provision. In consideration for being permitted to participate in the event/program/class. The participation in the event/program/class. The partis participatis for nonection with my partic									
SIGNATURE IF PARTICIPANT IS A MINOR: X Date			EMERGENCY CONTACT PHONE:						
PROGRAM CODE	NAME OF CLASS	CLASS DAY		F	PARTICIPANT'S FULL NAME		SEX	BIRTHDATE	FEE
Donation to City's Scholarship Fund									\$
								TOTAL FEE	
METHOD OF PAYMENT: CASH CHECK VISA				MASTERCARD DISCOVER Ch			ck Check # ount:		
OFFICE USE ONLY- COMPLETED BY: (Please complete this section if method of payment is cash) Name of Staff:Cash Denomination:					RECEIPT # S		STAFF INITIALS:		
Cardholder Name (Please Print): Cardholder Signature:									
CREDIT CARD #:							PIRATION DA	ATE: CVV2 (CODE: