

Seal Beach Community Services Department

211 8th Street, Seal Beach, Ca 90740

Community Services Office (562) 431-2527 Ext. 1307 • Office Fax (562) 430-3498

CLASS REGISTRATION FORM

ADULT NAME: _____
LAST NAME FIRST NAME

E-MAIL: _____

ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____

PHONE: HOME # _____ WORK# _____ MOBILE # _____

EMERGENCY CONTACT: _____ PHONE # _____

Drivers License #: _____ EXP DATE: _____

☐ Check if address or phone number has changed (For returning participants only)

PARTICIPANT FIRST NAME	LAST NAME	BIRTH DATE	CLASS #	CLASS TITLE	START DATE	FEE \$	Office Use Only ACCOUNT #
						TOTAL \$	

RELEASE AND INDEMNIFICATION

I hereby agree to indemnify, defend and hold harmless the City of Seal Beach, its officers, employees, agents and volunteers from and against any and all claims, damages, liability, bodily injury, death, expenses, and judgments, including attorney fees, expert witness fees and court costs in any way arising from my (or my child's) participation in the program for which I am registering him/her. I understand and am familiar with the nature of the event or activity and recognize that this event or activity can be dangerous to me (or my child) and accept those dangers. In case of emergency, I give my permission for emergency medical treatment. I also give my permission to the City of Seal Beach to photograph me or my child participating in this event or activity for advertising purposes for the City of Seal Beach and acknowledge I will not receive any compensation for such use. My signature acknowledges that I understand and agree to the above conditions.

DATED: _____ SIGNATURE: _____
(PARTICIPANT/PARENT OR GUARDIAN)



METHOD OF PAYMENT



MAKE CHECK PAYABLE TO CITY OF SEAL BEACH

☐ CHECK #: _____ CHECK DATE: _____

☐ CASH

☐ VISA  ☐ MASTERCARD 

CARD # --- EXP. DATE -

SIGNATURE _____ TOTAL CHARGED TO ACCT: \$ _____