

INSTRUCTIONAL CLASSES
Registration & Liability Release Form

RECEIPT # _____

Student Name _____ Male / Female _____ Age _____ Birthdate ____/____/____

Student Name _____ Male / Female _____ Age _____ Birthdate ____/____/____

Home Address _____ Apartment _____ City _____ Zip _____

Day Phone # _____ Night Phone # _____

Name of Parent / Guardian _____

PLEASE PRINT CLEARLY!

STUDENT'S NAME	AGE	CLASS #	CLASS NAME	SESSION DATES	DAY OF CLASS	TIME OF CLASS	FEE

MAKE CHECK PAYABLE TO: "CITY OF GARDENA"

TOTAL FEES PAID \$ _____

Mail Completed Registration Form and Check to:

City of Gardena
Recreation Division
1670 West 162nd Street
Gardena CA 90247

Liability Release Form - SIGNATURE REQUIRED FOR REGISTRATION

Being fully aware of the risks involved, I agree to hold harmless the City of Gardena the Gardena Recreation and Human Services Department, all city employees, contract instructors, officials, agents, successors, and assignees of such entities from any and all liabilities of claims for injury which may be sustained while I, or my son/daughter participate in the program in which I am, or he/she is enrolled. I understand that the city does not insure participants in special interest classes.

Signature of Parent/Legal Guardian _____

Relationship to registrant(s) _____

Date _____