



City of Hermosa Beach  
 Community Resources Department  
 710 Pier Ave, Hermosa Beach, CA 90254  
 Phone: 310-318-0280 Fax: 310-372-4333  
 Email: [hbconnect@hermosabch.org](mailto:hbconnect@hermosabch.org)

## ACTIVITY REGISTRATION FORM

### ADULT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ *\*If you choose not to provide, your birthdate will be defaulted to 01/01/1960*

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CHILD INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I do hereby agree to participate and/or allow the individual (s) named herein to participate in the aforementioned activity (ies) and further agree to hold harmless the City of Hermosa Beach, it's agents and employees from harm, accidents, personal injury or property which may be suffered by the aforementioned individual (s) arising out of, or in any way connected with, the participation in the activity.

**I understand that there are no refunds on excursions unless cancelled by the Department.**

Signature: \_\_\_\_\_

Relationship to class participant:     Self     Parent     Guardian     Other

Class Title	Class #	Participant Name	Price
<b>Total:</b>			

**Payment:**  Check  Cash

Credit Card:  Visa     MasterCard     American Express     Discover

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Card Security Code: \_\_\_\_\_ *\* last 3 digits of the number on the signature strip located on back of your card.*

Charge Customer Signature: \_\_\_\_\_

**Refund/Transfer requests must be made in writing and received before the start date of the second class meeting.**