



# CITY OF INGLEWOOD

Parks, Recreation and Community Services



## CULTURAL ACTIVITY REGISTRATION FORM

(One form per family.)

Please fill out the registration form completely. Make check or money order payable to "City of Inglewood".

PERSON PAYING:

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Student Name	Age	Birthdate	Class Description	Location	Fee
*Full refund for cancelled classes. All others must request a refund in writing before the second class meeting. Please allow 4-6 weeks for processing.					<b>Sub-Total</b>
					<b>Insurance Fee \$2 per person</b>
					<b>Total Due</b>

I certify that the above statements are true and complete to the best of my knowledge. I agree to abide by all rules and regulations governing this activity/program. Furthermore, I agree to relieve the City of Inglewood Parks, Recreation and Community Services Department and its employees from liability in the event of an accident and I also state that I am physically fit to participate in this program.

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

### FOR OFFICE USE ONLY

Class #: \_\_\_\_\_

Instructor: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Session Duration: \_\_\_\_\_

\_\_\_\_\_  
Staff Verifying Application

\_\_\_\_\_  
Date