



CITY OF LAWNDALE
COMMUNITY SERVICES DEPARTMENT
 14700 Burin Avenue, Lawndale CA 90260 - (310) 973-3270 - www.lawndalecity.org

ACTIVITY/CLASS REGISTRATION FORM

Please print clearly

Name _____

Relationship to participant _____

Address _____ " " " " _____ " " " " _____
 Street Address City, St Zip

Cell Phone _____

Alternate Phone _____ E-Mail Address _____

Emergency Contact:

Name _____

Relationship to participant _____

Home Phone _____ Other _____

Participant Information: *(please print)*

Participant Name	Sex M/F	Birth Date	Age	Shirt Size**	Activity Number or Activity	Fee
Total:						

**Fill in shirt size for sports or camp activities only.

*A Health Disclosures and Release Agreement must be submitted for every participant.
 If the participant is a minor, the agreement must be signed by a parent or legal guardian.*