



Program: _____

City of Carson

2025 ActiveNet – New Customer Form

FOR STAFF USE ONLY

ENTERED BY: _____

DATE: _____

The City of Carson's ActiveNet program has undergone a system update. All existing accounts have been retired (unusable) as of April 17, 2025. Moving forward, all new accounts must initially be approved in person. Allow 7 business days to process your paperwork. Kindly plan ahead. Please complete this form in its entirety and submit with the required documentation to one of the following locations:

- Corporate Yard (Recreation Office), 18601 South Main Street, Carson, CA 90248
 - Monday – Friday, 7:00 a.m. – 5:30 p.m.
- Carson Event Center (Human Services Office), 801 East Carson Street, Carson, CA 90745
 - Monday – Friday, 8:00 a.m. – 5:00 p.m.

Note: These ActiveNet New Customer Forms are available on the City of Carson website, Corporate Yard (Recreation Office), Carson Event Center (Human Services Office), and local parks.

Customer Information:

- **Adult Customer Information (Each Adult age 18+ will need to fill out a separate application.)**

Choose one:

- ☐ Will be designated as Primary Account Holder or
- ☐ Requesting to be attached to a family account. Approval is needed by Primary Account Holder:

Primary Account Holder (Signature) _____

Primary Account Holder (Print Name) _____

First Name	Last Name	Carson Residency Status		Verified By:
		<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	

Must present (1) photo identification (ID) with first and last name:

- ☐ Driver's License
- ☐ Government ID
- ☐ Passport / Passport Card

AND

Must present (1) Resident Verification with name and address (Must be current within 30 days):

Note: Non-Resident applicants do not need this second requirement.

- ☐ Mortgage or Lease Papers
- ☐ Lease Papers
- ☐ Tenancy Agreement
- ☐ Pay Stub
- ☐ Utility Bill
- ☐ Vehicle Registration
- ☐ Financial Statement
- ☐ Government Document
- ☐ Insurance Document

Staff Notes (Staff Use Only): _____

Form Approved By: _____ **Date:** _____



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Please fill out the information below to create the new ActiveNet profile:

Adult Information:

First Name		Last Name	
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Home Address:

Street Address		Apt/Space/Etc.	
City		State	
		Zip Code	

Mailing Address: ☐ Same as Above

Street Address		Apt/Space/Etc.	
City		State	
		Zip Code	

Adult Contact Information:

Home Phone Number	
Work Phone Number	
Cell Phone Number	
Do you agree to receive text messages?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Email Address (This will be your login name. A temporary password will be emailed to you.)	
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Adult Personal Information:

Gender		Date of Birth (DOB)	Month ____ Day ____ Year ____
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Customer Type:

☐ Resident ☐ Non-Resident ☐ Primary Account Holder ☐ Promotional Mail

In Case of Emergency, contact:

First		Last		Relation	
Home Phone Number		Work Phone Number			
Cell Phone Number		Other			
Medical Alert for Adult					
Medical Alert for Minors					
General Alert (Staff Use Only)					



City of Carson

2025 ActiveNet – New Customer Form

- This page is for minors in the family/household (aged 17 & under).

Note: Minors must present (1) form of identification (ID) with first and last name and date of birth. Parent(s)/Legal Guardian(s) listed on Birth Certificate or Court Documents must be present.

1	First Name	Last Name	DOB	Gender	Verified By
			___ / ___ / ___		
	<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Court Documents		

2	First Name	Last Name	DOB	Gender	Verified By
			___ / ___ / ___		
	<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Court Documents		

3	First Name	Last Name	DOB	Gender	Verified By
			___ / ___ / ___		
	<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Court Documents		

4	First Name	Last Name	DOB	Gender	Verified By
			___ / ___ / ___		
	<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Court Documents		

5	First Name	Last Name	DOB	Gender	Verified By
			___ / ___ / ___		
	<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Court Documents		

6	First Name	Last Name	DOB	Gender	Verified By
			___ / ___ / ___		
	<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Court Documents		

Emergency Contact for Minors Listed Above:

Contact #1

First Name		Last Name	
Relation			
Home Phone #		Other Phone #	

Contact #2

First Name		Last Name	
Relation			
Home Phone #		Other Phone #	