

Registration

- PLEASE PRINT -

Household Name (First/Last): _____

Address: _____
Street City State ZIP

NEW CUSTOMER/INFORMATION UPDATE

Preferred Phone: _____ Alternate Phone: _____

Email: _____ In case of Emergency: _____

WAIVER OF LIABILITY MUST BE SIGNED AT THE FIRST CLASS OF EACH SESSION.

Participant First & Last Name	Gender	Age	Date of Birth	Grade 2018-2019	Activity Name	T-Shirt Size (see page 35)	1st Choice Activity/Section	2nd Choice Activity/Section	Fee
TOTAL FEE									

Special information (ie: medical, physical, allergies): _____

MC VISA Discover AmEx Card # _____ Exp. _____ CVV# _____

Signature: _____ Date: _____

Print Cardholder's Name: _____ Address: _____

SPORTS CARPOOL REQUEST

-PLEASE PRINT & COMPLETE FORM BELOW-

All team sports requests are limited to a max. of 3 individuals and are accommodated at the Department's discretion.

Participant #1: _____ Participant #2: _____

Address: _____ Address: _____

City/State/Zip _____ City/State/Zip: _____

Place Children together in: Class/Activity Name: _____ Activity/Section: _____

Signature of Participant #1 Parent/Guardian _____ Date _____

Signature of Participant #2 Parent/Guardian _____ Date _____

PROOF	NEED	HAVE	FOR OFFICE USE ONLY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> Emailed Login-in Info <input type="checkbox"/> Emailed Receipt			
DOB						
Residency						
Child Res.						
Receipt #						
Initials						
Date:						