



Activity Registration



Household LAST NAME

Household FIRST NAME

MAILING ADDRESS

CITY

ZIP

PHONE: HOME ()

WORK ()

EMERGENCY ()

VISA

MC

Email address: _____

CASH

CHECK

CHECK # : _____

REC'D BY: _____

PARTICIPANT INFORMATION

| Participant First Name | Last Name | DOB | gender | Activity Name | Activity # | Fee |
|------------------------|-----------|-----|--------|---------------|------------|-----|
| | | / / | M F | | | |
| | | / / | M F | | | |
| | | / / | M F | | | |
| | | / / | M F | | | |

PARTICIPANT RELEASE

TOTAL FEE: _____

I, the below signed as an adult (or the parent of), do hereby release the City of Delta, its agents or employees, from liability for any injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities occurring on the property of the City of Delta which is used in conjunction with the Delta Recreation Program

SIGNATURE: _____

DATE: _____

Fitness Area Orientation (45-minute instruction on wts./cardio)

| Check | Class | Day | Time | Activity# | Fee |
|-------|--------------------------|-----------------|------|-----------|-----|
| ✓ | Fitness Area Orientation | Anyday by appt. | TBA | 109038A | \$0 |

Mail registration to: 530 Gunnison River Dr. Delta, CO 81416

For more information contact Gary @874-0923