



After School Activity Registration



Guardian Last Name _____

Guardian First Name _____

Address _____

(____) _____
Phone

(____) _____
Cell Phone

(____) _____ Home
Emergency Phone

Email _____

Method of Payment (circle one) MC / Visa / Cash / Check Check # _____ Initials _____

Participant Information

Participant First Name	Participant Last Name	DOB	Gender	Activity #	FEE
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		

Total Fees: _____

Participants Name: _____ School: _____ Grade: _____

Participants Name: _____ School: _____ Grade: _____

Participants Name: _____ School: _____ Grade: _____

Participant Release:

I, the below signed as adult (or the parent), do hereby release the City of Delta, its agents or employees, from liability for 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.

Signature _____

Date _____

After School Program M-Th 3:30-5:15pm

September \$40	October \$30	November \$40	December \$30
Sept. 4 - 27	Oct. 1-Nov. 1	Nov. 5 - 29	Dec. 3-20
No program on the 3rd or 7th	No Program Oct. 8th-11th	No program on the 21st or 22nd	No program Dec. 24-28
Activity # 304100A	Activity # 304100B	Activity # 304100C	Activity # 304100D
Deadline to Register: August. 30th	Deadline to Register: September. 27th	Deadline to Register: October 25th	Deadline to Register: November 29th

Please circle the program(s) you are registering for.