



ACTIVITY REGISTRATION



HOUSEHOLD LAST NAME

Parent/Guardian FIRST NAME

MAILING ADDRESS

CITY

ZIP

PHONE: HOME ()

WORK ()

EMERGENCY ()

VISA

MC

CARD #:

EXP DATE:

CASH

CHECK

CHECK #:

REC'D BY:

PARTICIPANT INFORMATION

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: _____

Revised 03/03

Deadline

17-Nov

**531 N. Palmer St
Delta, CO 81416**

970-874-0923

Name: "Chess Tournament"

Check Class	Day	Date	Time	Activity #	Fee
	Saturday Session	17-Nov	10:00am-5:00pm	306226-D5	\$15 Adults
	Saturday Session	17-Nov	10:00am-5:00pm	306226-D6	\$10 Youth