



Activity Registration



HOUSEHOLD LAST NAME

Parent/Guardian FIRST NAME

MAILING ADDRESS

CITY

ZIP

PHONE: HOME ()

WORK ()

EMERGENCY ()

VISA

MC

Email address: _____

CASH

CHECK

CHECK # : _____

REC'D BY: _____

PARTICIPANT INFORMATION

First Name	Last Name	DOB	gender	Activity Name	Activity #	Fee
		/ /	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

SIGNATURE: _____

DATE: _____



ADULT FALL SOFTBALL 2018



Registration Deadline is July 28th

Team Name _____

Manager Name & # _____

Check League	Day	Start Date	Activity #	Fee
✓				
Coed	Mondays	August 13	203203-T2	\$225
Men's Slowpitch	Thursdays	August 16	203202-T2	\$225
Women's Slowpitch	Thursdays	August 16	203201-T2	\$225

Player fee of \$20 per player due 1st night of league

For more info contact Whitnee Lear @ 874-0923