



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

Player 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

SIGNATURE: _____

DATE: _____

Revised 01/05



2018 Kids Tennis Clinic

Registration Deadline is April 24

Check	Division	Day	Time	Activity #	Fee
√	Ages 8-13	Saturdays 4/28, 5/5, 5/12 5/19	8:00am to 9:00am	101130-N	\$30

mail registration to: 531 North Palmer Street Delta, CO 81416