Activity Registration



MANAGER LAST N	AME		MANAGER FIRST NAME		
MAILING ADDRESS		СІТҮ	ZIP		
PHONE: HOME ()	WORK ()	EMERGENCY ()		
□ VISA	□ MC	Email address:			
☐ CASH	☐ CHECK	CHECK #:	REC'D BY:		

PARTICIPANT INFORMANTION

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

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:



Must have 2 people to do a semi-private lesson

Check √	Division	Instructor	Date & Time	POS #	Fee
	Private Lesson	Christina Curtis	Ongoing/TBD	.248	\$30
	Semi-private	Christina Curtis	Ongoing/TBD	.248	\$15

Call instructor to set-up lesson, Christina-640-4779