



# 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

Participant First Name	Last Name	DOB	gender	Grade 2017-2018 school year	Coach	Help coach
		/ /	M F			
		/ /	M F			
		/ /	M F			
		/ /	M F			

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: \_\_\_\_\_



## 2017 5-6th Grade Volleyball League



### Registration Deadline is September 5

**T-Shirt Size: YS YM YL AS AM AL AXL**

Check	Grade for	Day	Time	Activity #	Fee
✓	2017/2018 school year				
	5th Grade	Practices start Sept 25 Games-Tuesdays Starting October 17th	TBD	201500-J3	\$35
	6th Grade	Practices start Sept 25 Games-Tuesdays Starting October 17th	TBD	201500-J3	\$35
	Team Sponsorship	Business Name _____ Shirt Color _____	Contact _____ Phone # _____	201500-J4	\$150- \$250