



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: _____



2018 5-6th Grade Volleyball League



Registration Deadline is September 8

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 Oct. 1st Games-Tuesdays Starting October 23rd	TBD	201500-K3	\$35
	6th Grade	Practices start Oct. 1st Games-Tuesdays Starting October 23rd	TBD	201500-K3	\$35
	Team Sponsorship	Business Name _____ Shirt Color _____	Contact _____ Phone # _____	201500-K4	\$150- \$250