



# 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



## 2017 YOUTH VOLLEYBALL

### SKILLS & DRILLS

Check <input checked="" type="checkbox"/>	Grade	Day	Class Time	Class Code	Fee
	K	Weds 10/18-11/15	4:00-4:40	201500-J1	\$30
	1st	Weds 10/18-11/15	4:00-4:40	201500-J1	\$30
	2nd	Weds 10/18-11/15	4:00-4:40	201500-J1	\$30
	3rd	Weds 10/18-11/15	4:40-5:30	201500-J2	\$30
	4th	Weds 10/18-11/15	4:40-5:30	201500-J2	\$30
	Sponsor	Business Name _____	Contact _____	201500-J4	\$150
		Shirt Color _____	Phone # _____		

Please circle one

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

# Registration Deadline is September 24