

# Registration Form

PROGRAM NAME: \_\_\_\_\_ PROGRAM # \_\_\_\_\_

PARTICIPANTS NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: MALE FEMALE

PARENT/ LEGAL GUARDIAN NAME: \_\_\_\_\_

## MAILING ADDRESS

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

## RESIDENTIAL ADDRESS

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

## PHONE NUMBERS:

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELLULAR: \_\_\_\_\_

## E-MAIL ADDRESS:

\_\_\_\_\_

I would like to receive e-mail news from the Recreation Department. Please circle one: YES NO

## EMERGENCY CONTACTS:

CONTACT #1 NAME: (This should be Parent/Legal Guardian)

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

## PHONE NUMBERS

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELLULAR: \_\_\_\_\_

CONTACT #2 NAME: (Must be different then address listed above)

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

## PHONE NUMBERS

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELLULAR: \_\_\_\_\_

ADDITIONAL INFORMATION THAT WILL HELP US SERVE YOU BETTER: (Example Identified Special Needs, Coding, Allergies, Fears, Experience and or Comfort Level with Activities)

\_\_\_\_\_

\_\_\_\_\_

## Permission for Child To Be Photographed (Please circle one)

I give permission for this child to be photographed. YES NO

T-shirt size: (Please circle one) YS YM YL AS AM AL AXL

I release, absolve, and hold harmless the GCC, Parks and Recreation Department, and staff in case of injury to myself/son/daughter. I also authorize that necessary medical attention be given to my child by a qualified physician in the event that I cannot be reached. I have received a copy of the program rules and regulations and agree to abide by them and decisions made by the City of Claremont Parks and Recreation Department.

Note: programs are not prorated. Once enrolled you are responsible for the full cost of the program

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date