ACTIVITY REGISTRATION FORM

City of Delaware
Parks & Recreation Department
Mingo Park
500 E. Lincoln Avenue
Phone: (740) 203-1450
Fax: (740) 203-1499
www.delawareohio.net
recreation@delawareohio.net

Adult, Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Phone _____
(Day) (Night) (Cell)

Email Address: _____

City Resident: Yes ___ No ___ Place of Employment: _____
(ONLY if living outside of the Delaware city limits)

Participant Information - PLEASE PRINT and FILL OUT COMPLETELY

First Name	Last Name	DOB	Sex	School	Grade	Program	Fee

Shirt size: Y7-8 ____ Y10-12 ____ Y14-16 ____ AS ___ AM ___ AL ___ AXL ___ AXXL ___

Late Fee	
TOTAL FEE	

Would a parent/guardian/adult be interested in coaching? Yes ___ No ___ What sport _____

To request ADA accommodations; please call 203-1450 at least one week prior to the program start date.
List allergies or other medical conditions that we should be aware of. _____

CONSENT TO USE PHOTOGRAPHS: I understand that photographs may be taken of me and/or my child at any recreation program or facility for publication in material used to promote department programs, classes, or events.

RELEASE OF ALL CLAIMS and PROMISE NOT TO SUE: I/we the parent/guardian of the above child, release the City of Delaware, their employees, agents, officers and servants of any risks and hazards incidental to the above activity; and hereby forever release, waive and relinquish the Delaware Parks & Recreation Department and the City of Delaware, its instructors and supervisors and all other persons assisting in the conduct of said activities to the participant.

I/we understand that because of prohibitive costs, no accidental, health or life insurance covering the participants in this program will be procured and that my/our consent to the participation of the above named participant in this program is made with this understanding.

Signature _____ Date _____
(Participant over 18 OR Parent/Guardian of participant under 18)

Make Checks payable to: City of Delaware

A $15 service fee will be charged for all returned checks.

White – Department Yellow – Customer

Refund Policy

Contact the Parks & Recreation office at 203-1450.

Office Use Only

Date Received _____

Receipt # _____

Staff Initials _____

Cash/Check/MO # _____

Credit Card # _____

Holder Name _____

Type: _____ Exp. Date: _____

12/09