RECREATION YOUTH SPORTS REGISTRATION FORM: Please fill out completely

One form per family

PARENT OR PAYEE INFORMATION **E-MAIL ADDRESS:**_____

First Name		Last Name	
Address		City	Zip
Home Phone #	Work Phone #	Emergency Contact & Phone #	

☐ Check here if this is a new address.

Participant's Name	Class Name/Activity	SESSION	Class Code	Class Fee
FIRST LAST				
AGE BIRTHDATE / /				
SHIRT SIZE (PLEASE MARK ADULT OR YOUTH) SEX (Circle One) **S M L XL Youth Adult** FEMALE MALE				
FIRST LAST				
AGE BIRTHDATE / /				
SHIRT SIZE**(PLEASE MARK ADULT OR YOUTH)** SEX (Circle One) **S M L XL Youth Adult** FEMALE MALE				
FIRST LAST				
AGE BIRTHDATE / /				
SHIRT SIZE **(PLEASE MARK ADULT OR YOUTH)** SEX (Circle One) **S M L XL Youth Adult** FEMALE MALE				
FIRST LAST				
AGE BIRTHDATE / /				
SHIRT SIZES**(PLEASE MARK ADULT OR YOUTH)** SEX (Circle One) **S M L XL Youth Adult** FEMALE MALE				

WE ACCEPT CASH/CHECKS/MONEY ORDERS

OFFICIAL USE ONLY Date Received		OFFICIAL USE ONLY Receipt #
Check #	Check Amount:	Cash Amount $

The City of Coolidge intends to comply with the Americans with Disabilities Act (ADA). If you have any special needs, please call (520) 723-4551. Need additional forms?

I understand that the City of Coolidge does not carry accident insurance for these programs and I hereby release and agree to hold the sponsors harmless from any claims for personal injury or property damage occurring because of the participation in the City of Coolidge Recreation Trip. I also give my permission for any photos/videos taken of participants to be used by the City of Coolidge.

Signature of Parent/Payee:_____ Date:_____

Mail form to: City of Coolidge * Recreation Class Registration * 660 S. Main Street * Coolidge, AZ 85128