

RECREATION SUMMER CLASS REGISTRATION APPLICATION 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	KIDS KAMP OR SWIM LESSONS	SESSION	SWIM CLASS TIME	Class Fee
FIRST LAST				
AGE BIRTHDATE / /				
SEX (Circle One) FEMALE MALE				
FIRST LAST				
AGE BIRTHDATE / /				
SEX (Circle One) FEMALE MALE				
FIRST LAST				
AGE BIRTHDATE / /				
SEX (Circle One) FEMALE MALE				
FIRST LAST				
AGE BIRTHDATE / /				
SEX (Circle One) 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 Programs. I also give my permission for any photo/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 * 131 W. Pinkley Ave. * Coolidge, AZ 85228