RECREATION ADULT SPORT REGISTRATION APPLICATION FORM: Please fill out completely

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.

☐ Co-Ed Softball League ☐ Men's Softball League ☐ Volleyball League

Coach's Name	Sponsor's Name	Team Name	Fee

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. 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 St. * Coolidge, AZ 85228