



Activity Registration Form
 (Please print and use black or blue ink only)

1. ACTIVITY INFORMATION

Today's Date _____

Activity Name / Course ID	Activity Location	Activity Date	Alternate Activity Date	Fee Amount

Direct Scholarship and Financial Assistance questions to Recreation Site Director.

Grand Total:

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2. ENROLLEE INFORMATION Female Male Non-Binary Child Teen Adult Senior

Name _____
First Middle Last

Address _____
Street Apt City State Zip

Phones _____ Email _____
Home Phone Work Phone Cell Phone

Age _____ Birth Date _____ School _____ Grade _____

Race/Ethnicity: African-American/Black American Indian/Alaskan Native Asian/Asian-American
 Hispanic/Latino Native Hawaiian/Pacific Islander White Multi-Racial

3. PARENT / PRIMARY CARETAKER (For children under the age of 18) Female Male Non-Binary

Parent/Guardian Name _____
First Middle Last

Address _____
Street Apt City State Zip

Phones _____ Email _____
Home Phone Work Phone Cell Phone

Birth Date _____ Relationship to Child _____
 (required for account set-up)

Race/Ethnicity: African-American/Black American Indian/Alaskan Native Asian/Asian-American
 Hispanic/Latino Native Hawaiian/Pacific Islander White Multi-Racial

4. MEDICAL INFORMATION (for Enrollee)

Doctor _____ Clinic/Office Phones _____
Doctor Clinic After Hours

Medical Insurance Carrier _____ Policy # _____

Please explain medical or special needs: Allergy Medications Physical Limitations Diet Restrictions
