

Guardian Last Name		Guardian First Name	
Address ()	()	City ()	Zip ()
Home Phone	Cell Phone	Work Phone	Emergency Phone
Visa MC	Email:		
Cash Check	Check # :	Received by:	

Participant Information

Participant First Name	Participant Last Name	DOB	Gender	Activity #	FEE
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		

Participant Release Total Fees: _____

I, the below signed as adult (or the parent), do hereby release the City of Delta, its agents or employees, from liability for injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities.

Signature

Date



**Join the Next
Generation
of Lifesavers**

**Become a
Red Cross
Lifeguard**

Must pass prerequisites and participants must attend all class dates and pass all skills to American Red Cross standard to receive certification.

√	Description	Dates	Time	Activity #	FEE
	Lifeguard Training	December 27-30	9:00am-4:00pm	110-1H	120.00