



# Activity Registration



HOUSEHOLD LAST NAME

HOUSEHOLD FIRST NAME

MAILING ADDRESS

CITY

ZIP

PHONE: HOME ( )

WORK ( )

EMERGENCY ( )

VISA       MC      Email address: \_\_\_\_\_  
 CASH       CHECK      CHECK # : \_\_\_\_\_      REC'D BY: \_\_\_\_\_

## PARTICIPANT INFORMANTION

Player First Name	Last Name	DOB	gender	Activity Name	Activity #	Fee
		/ /	M F			
		/ /	M F			
		/ /	M F			
		/ /	M F			

### PARTICIPANT RELEASE

TOTAL FEE: \_\_\_\_\_

I, the below signed as an adult (or the parent of), do hereby release the City of Delta, its agents or employees, from liability for any 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:

Revised 01/05



# 2016 Start Smart Tennis



## Registration Deadline is April 27

Check	Division	Day	Time	Activity #	Fee
√	Age 5-7 years	Saturdays 4/30, 5/7, 5/14, 5/21	9:00- 10:00AM	301154-R1	\$45

**Parent Participation is required**  
**Equipment is provided**