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

Participant 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 occurring on the property of the City of Delta which is used in conjunction with the Delta Recreation Program

SIGNATURE: DATE:

_____

Tae Kwon Do

Check √	Class	Day	Time	POS #	Fee
	Tae Kwon Do	Tues.-Thurs. Drop-in	6:45PM-8:00PM	.808	$5

Mail registration to: 530 Gunnison River Dr. Delta, CO 81416

For more information contact BHRC @ 874-0923