



# Activity Registration



MANAGER LAST NAME \_\_\_\_\_

MANAGER FIRST NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE: HOME ( ) \_\_\_\_\_

WORK ( ) \_\_\_\_\_

EMERGENCY ( ) \_\_\_\_\_

VISA

MC

Email address: \_\_\_\_\_

CASH

CHECK

CHECK # : \_\_\_\_\_

REC'D BY: \_\_\_\_\_

## PARTICIPANT INFORMATION

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: \_\_\_\_\_



# 5 ON 5 ADULT FLAG FOOTBALL SPRING 2016

Revised 01/05

## Registration begins January 1st

Team Name \_\_\_\_\_

Manager Name \_\_\_\_\_

Check	Division	Day	Activity #	Fee
√	5 on 5	Thurs. 2/25-4/28	403501-N	\$250

## \$20 per player fee on 1st night

## Registration Deadline is February 14th

# Flag FOOTBALL

5 V 5

10 GAME SEASON

UNLIMITED ROSTER

TOURNAMENT INCLUDED

THURSDAY GAMES

LATE FEB - END APRIL

FLAGS PROVIDED

UNIFORMS REQUIRED

GAMES @ CCF FIELDS/MTN VIEW

AWARDS 1ST-3RD



More Info 874-0923  
Bill Heddles Rec. Center  
530 Gunnison River Dr  
whitnee@cityofdelta.net