



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 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: _____

Revised 01/05



2016 YOUTH VOLLEYBALL

SKILLS & GAMES

Check <input checked="" type="checkbox"/>	Grade	Day	Class Time	Class Code	Fee
	K	Weds 9/21-10/26	4:00-4:40	201500-H1	\$30
	1st	Weds 9/21-10/26	4:00-4:40	201500-H1	\$30
	2nd	Weds 9/21-10/26	4:00-4:40	201500-H1	\$30
	3rd	Weds 9/21-10/26	4:40-5:30	201500-H2	\$30
	4th	Weds 9/21-10/26	4:40-5:30	201500-H2	\$30
	Sponsor	Business Name _____	Contact _____	201500-H4	\$150
		Shirt Color _____	Phone # _____		

Please circle one

T-Shirt Size: YS YM YL AS AM AL AXL

Registration Deadline is September 1