



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

Revised 6/4

# 2013 Youth Tennis Blast Camp



## Registration Deadline is August 2

Check	Division	Day	Time	Activity #	Fee
√	Ages 8-13	Aug 6th—Aug 8th Tourney August 9	8:00am to 10:30am 8am Start	101127-H	\$45

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