



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

Participant First Name	Last Name	DOB	gender	Age as of 12/31/15	Coach	Help coach
		/ /	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: _____



City of Delta 2016 T-Ball Registration



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

Registration Deadline is April 10th

If there is room for additional registrations after the deadline there will be a \$15 late fee

Check Division	Day	Time	Activity #	Fee
✓	Ages 4, 5, 6 T-Ball	Practices-May Games-June-T&TH	TBD	101601-T1 \$35
	Team Sponsorship	Business Name _____ Shirt Color _____	Contact _____ Phone # _____	101602-T1 \$150- \$250