

program registration form

Parent/Primary Contact Name _____

Phone (Home) _____ (Emergency) _____

Address _____ City _____ St _____ Zip _____

Email Address (required) _____

Additional Contact _____ Phone (if different) _____

Participant Name	Gender M/F	Grade Level	Date of Birth	Program/Activity#	Fee	T-Shirt Sz

Youth t-shirt sizes: 6-8, 10-12, 14-16

Adult t-shirt sizes: Sm, Med, Lg, X-lg

Waiver for Participation by Parent

In consideration of your accepting my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Farmington and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

Parent/Guardian Signature _____ Date _____

Special Needs or Requests _____

Complete if paying by credit card:

Name on card (please print) _____

Card Billing address _____

Credit Card # _____ - _____ - _____ - _____ CVV/CVS # _____

Exp. Date _____ Visa Master Card (Circle one)

Signature _____

Office Use Only		
Confirm #	Date Entered	Initials
Cash/Check #	CC/DC	Scholarship Amount