

# ACTIVITY REGISTRATION FORM

PLEASE PRINT AND FILL OUT COMPLETELY

Important: Registration waiver must be signed by participant. If participant is under 18, parent or guardian must sign.

RECEIPTS REQUESTED BY: EMAIL, OFFICE PICK UP, OR INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE WITH YOUR REGISTRATION.

(Adult) Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_



Registration procedures, see page 10. Request Receipt YES | NO

ACTIVITY CODE	ACTIVITY NAME	FIRST	PARTICIPANT'S NAME LAST	SEX	T-SHIRT SIZE	BIRTH DATE	FEE

**CREDIT CARD PAYMENT FORM**

Visa       MasterCard       Discover Card  
 Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Cardholder's Name \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_  
Please Print

SUB-TOTAL	\$
AMOUNT ENCLOSED	\$

**MORE INFORMATION FOR TOT/YOUTH LEAGUES**

Do you have any brothers or sisters who will also be playing?	YES	1
	NO	2

**FORM OF PAYMENT**

- CASH
- CHECK #
- CREDIT CARD
- CREDIT MEMO
- MONEY ORDER

### WAIVER FOR PARTICIPANT

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 KENT COUNTY PARKS AND RECREATION AND ITS REPRESENTATIVES, SUCCESSORS AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MYSELF OR MY CHILD AT THE ACTIVITIES FOR WHICH I AM REQUESTING.

**PARENT OR LEGAL GUARDIAN MUST SIGN FOR ANY CHILD UNDER 18 YEARS OLD ENTERING A PROGRAM.**

**MAIL TO:**  
 Kent County Parks and Recreation  
 1683 New Burton Road,  
 Dover, DE 19904

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_