

ACTIVITY REGISTRATION FORM

Please read the Registration Highlights on the Information Page before registering.

ADULT PARTICIPANT/CHILD (UNDER 18) GUARDIAN INFORMATION		<i>Please print and fill out completely</i>
First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address		
<input type="text"/>		
City,	State	Zip
<input type="text"/>		
Primary Phone Number	Secondary Phone Number	
<input type="text"/>	<input type="text"/>	
Dover Resident <input type="checkbox"/>		Non-Resident <input type="checkbox"/>
Yes, send me email updates to:		
<input type="text"/>		
How did you hear about us:		
Friend Website Program Guide Other		
Does your child have any allergies?		
<input type="text"/>		

PARTICIPANT #1

First Name	MI	Last Name	Sex	Birth Date (mm-dd-yy)	Age	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACTIVITY #	ACTIVITY NAME		ACTIVITY FEE			
<input type="text"/>	<input type="text"/>		<input type="text"/>			
<input type="text"/>	<input type="text"/>		<input type="text"/>			

PARTICIPANT #2

First Name	MI	Last Name	Sex	Birth Date (mm-dd-yy)	Age	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACTIVITY #	ACTIVITY NAME		ACTIVITY FEE			
<input type="text"/>	<input type="text"/>		<input type="text"/>			
<input type="text"/>	<input type="text"/>		<input type="text"/>			

Payment Amount & Type
Total Due: _____ Checks to: City of Dover
Payment Amount & Type
Cash Check MC/Visa/Disc Other <i>Please circle</i>

Submit your registration by:

Mail: City of Dover Recreation, 10 Electric Ave., Dover, DE 19904

Fax: w/Credit Card Info.: 302-678-2674

Phone: w/Credit Card Info.: 302-674-7541

Call us at (302) 674-7541 or (302) 736-7050 with your credit card payment.

RELEASE STATEMENT:

I understand that the City of Dover provides no medical coverage for participants unless specified, and that all bills which may be incurred as a result of an activity-related injury are my responsibility. I hold harmless the City of Dover and all other parties involved in the conduction of these activities. I agree that any photographs taken during the event shall become and remain the property of the City of Dover, and that the City of Dover shall have the right to use such photographs and/or films whenever so desired free of any claims on my behalf.

Signature of adult participant /If under 18, parent/legal guardian Date

If you would like to participate in these activities and need disability related accommodations, please call 736-7050. You may reach TTY/TDD operator services by dialing 1-800-855-1155.