

Daily City Parks and Recreation Activity Registration Form

1 Main Contact Name - Parent /Legal Adult Guardian Name

Mr. _____
 Ms. _____
 Mrs. _____

First Name _____ Last Name _____

Home Phone _____ Area Code _____ Number _____

2 Complete all information in step 2 below

Residence Address
 No. & Street _____ City _____ Zip Code _____

Main Contact Work Phone _____ Area Code _____ Number _____
 Date of Birth for person **1** above (must be 18 or older) _____ / _____ / _____
 Home E-mail Address (for main contact) _____

Emergency Contact
 First Name _____ Last Name _____ Area Code _____ Number _____
 Emerg. Contact's Phone _____



3 Activity Registration:

Participant Name - first and last (use one line for each person or course)	Class Title	1st Choice Class Code	2nd Choice Class Code	Class Fee \$	Date of Birth (mm/dd/yy)	Gender
1. _____					/ /	M F
2. _____					/ /	M F
3. _____					/ /	M F
4. _____					/ /	M F
5. _____					/ /	M F
6. _____					/ /	M F

Build a Dream Scholarship Fund: \$1.00 donation enables disadvantaged Daily City youth to participate in the exercise, education, and cultural arts activities listed in this brochure. Bring our community together by the simple act of donating a dollar!

expiration date _____ month / year

Credit Card Payment Authorization

  _____ authorized signature (as shown on credit card)

Check (payable to City of Daily City)
 Cash
 Visa (complete authorization box)

Sub-Total _____
 Credit / Discount _____
 Total Fees _____

A Signature is required by each adult participant registering on this form. One parent/guardian may sign for all minors on this account. **Incomplete forms will not be processed**

4 Signature _____ **Date** _____ **Signature** _____ **Date** _____