

P.O. Box 400
Daphne, AL 36526

Daphne Recreation Department

PH(251) 621-3703
Fax (251)621-3717

Summer Clinics Registration Form

Participant's Name _____
First Name Middle Name Last Name

Birthdate: ____/____/____ Age ____ Sex: M / F

Mailing Address: _____ AL _____
STREET / P.O. BOX CITY ZIP

HM Phone: () _____ WK Phone: () _____ Ext: _____ Fax: () _____

Emergency Contact: _____ () _____
NAME RELATIONSHIP PHONE NUMBER

If participant is under the age of 18, fill out the following:

Mother's Name: _____ Work Phone: () _____

Father's Name: _____ Work Phone: () _____

Other means of contact: Cell() _____ Pager() _____

Please indicate which camps your child will be attending in the blank provided:

Please note any allergies, physical disabilities requiring accommodation, or required medication for the participant: _____

PLEASE READ AND SIGN BELOW:

For and in consideration of the acceptance of my child(ren)'s registration fee, for participation in the summer athletic programs sponsored by the Daphne Recreation Department, I, the undersigned, as parent and or legal guardian of the said minor child(ren) for myself, my executors, administrators, heirs, and assigns, do hereby release, indemnify, and forever hold harmless and discharge the City of Daphne and its officers, agents, and employees, assigns, contributors and or volunteers from any and all claims for damages, demands, or causes of actions whatsoever in any matter arising out of or resulting from my child(ren)'s participation in the City of Daphne Recreation programs, including but not limited to, travel to and from any sponsored activities. I further hereby waive any and all rights of subrogation that I might have resulting from any claims or causes of action resulting there from.

Participant / Parent / Guardian

Date

DO NOT WRITE BELOW THIS LINE

Registration Fee: \$ _____ Paid in Full Waived (Reason: _____)

Means of Payment: Check Cash Other _____ Receipt Number: _____

Registration Completed By: _____
EMPLOYEE

League Assigned: _____ Age Division: _____