

REGISTRATION FORM

Today's Date _____

Parent/Guardian

First Name: _____ Last Name: _____

Address _____

City _____ Zip _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____

(For class confirmation)

Student's Name

First Name _____ Last Name _____

Date of Birth _____ Grade/Fall 2010 _____ School _____

Class	Date	Time	Session ID	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student's Name

First Name _____ Last Name _____

Date of Birth _____ Grade/Fall 2010 _____ School _____

Class	Date	Time	Session ID	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Comments (allergies, etc.) _____

Method of Payment VISA MASTERCARD CHECK CASH

Card # _____ Expiration Date _____



Checks Payable to: Rockford Community Services, 350 N. Main Street Rockford, MI 49341

FOR SPORTS REGISTRATIONS ONLY:		How many seasons has your child played? _____	
T-shirt Size - check one			
<input type="checkbox"/> Youth S (6 - 8)	<input type="checkbox"/> Youth M (10-12)	<input type="checkbox"/> Youth L (14-16)	
<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Med	<input type="checkbox"/> Adult Large	<input type="checkbox"/> Adult X-Large

For Parent or Guardian: I hereby accept full responsibility for any injuries which may occur while my child is participating in any of the Rockford Community Services classes. I also consent to the disclosure of my child's name, address & phone number to the teacher/coach. In case of emergency and I cannot be reached, I give permission to the coach to administer first aid and/or contact EMS if needed. I give permission for my child's photo to be taken and used in advertising.

Parent/Guardian Signature: _____