

# 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 \_\_\_\_\_

Male/Female \_\_\_\_\_ Grade/Fall 2010 \_\_\_\_\_ School \_\_\_\_\_

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

**Student's Name**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male/Female \_\_\_\_\_ 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

<b>FOR SPORTS REGISTRATIONS ONLY:</b>	How many seasons has your child played? _____
	Height? _____ (Basketball Only)
<b>T-shirt Size</b> - 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"/> 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: \_\_\_\_\_