


# VALDEZ PARKS & RECREATION REGISTRATION FORM

www.valdezak.gov

Phone: 907-835-4526

Activity Hotline: 907-835-3200

Facebook.com/ValdezAlaskaFun

PARTICIPANT INFORMATION	1	2	3				
LAST NAME							
FIRST NAME							
BIRTH DATE							
AGE							
GRADE							
GENDER M / F							
MAILING ADDRESS							
PHYSICAL ADDRESS							
EMAIL ADDRESS							
PHONE							
*ALLERGIES AND MEDICAL CONDITIONS If none, please write "NONE"							
	Program Name	Cost	Program Name	Cost	Program Name	Cost	
	TOTAL			TOTAL		TOTAL	
EMERGENCY CONTACT/PARENT/GUARDIAN				OFFICE USE ONLY			
1	2						
LAST NAME							
FIRST NAME							
RELATIONSHIP							
HOME PHONE							
WORK PHONE							
CELL PHONE							
E-MAIL							
			<b>Subtotal \$</b> _____ <b>Discount/Credit \$</b> _____ <b>TOTAL DUE \$</b> _____				
			<b>&lt;&lt;&lt;&lt; PAYMENT METHOD &gt;&gt;&gt;&gt;</b> <input type="checkbox"/> Cash                      Date _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit                         Staff _____				

All participants must have an annual Waiver of Liability and Assumption of Risk form on file at time of registration.

\* USE BACK OF PAGE TO LIST ADDITIONAL MEDICAL INFORMATION & TO VIEW THE REFUND POLICY

