

# RECREATION CLASS REGISTRATION APPLICATION FORM: *Please fill out completely.*

*One form per family. Please read the registration procedures before registering.*

**PARENT / PAYEE INFORMATION**

**EMAIL ADDRESS:** \_\_\_\_\_

<i>FIRST NAME</i>		<i>LAST NAME</i>		
<i>ADDRESS</i>			<i>CITY</i>	<i>ZIP CODE</i>
<i>HOME PHONE #</i>	<i>CELL PHONE #</i>	<i>EMERGENCY CONTACT NAME &amp; PHONE #</i>		

Check here if new address.

PARTICIPANT'S NAME	ACTIVITY NAME	LOCATION	CLASS START DATE	TIME	DAYS OF THE WEEK	CLASS FEE
FIRST                      LAST	1st CHOICE					
AGE                      BIRTHDATE /   /	2nd CHOICE					
GENDER <i>(Circle One)</i> FEMALE      MALE	3rd CHOICE					
FIRST                      LAST	1st CHOICE					
AGE                      BIRTHDATE /   /	2nd CHOICE					
GENDER <i>(Circle One)</i> FEMALE      MALE	3rd CHOICE					
FIRST                      LAST	1st CHOICE					
AGE                      BIRTHDATE /   /	2nd CHOICE					
GENDER <i>(Circle One)</i> FEMALE      MALE	3rd CHOICE					
FIRST                      LAST	1st CHOICE					
AGE                      BIRTHDATE /   /	2nd CHOICE					
GENDER <i>(Circle One)</i> FEMALE      MALE	3rd CHOICE					

**DEBIT, VISA, MASTERCARD AND AMERICAN EXPRESS CARDS  
are accepted for all over-the-counter and online transactions.**

***Due to PCI-DSS Compliance we only accept check, money order or cashier's check for all drop-off and mail-in registrations.***

The City of Chandler intends to comply with the Americans with Disabilities Act (ADA).  
To request a reasonable accommodation, please contact Collette Prather at (480) 782-2709 at least two weeks in advance.

I understand that the City of Chandler does not carry accident insurance for these programs.  
I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my participation.  
I also give my permission for any photos/videos taken of participants to be used by the City of Chandler.

Signature of Parent/Payee: \_\_\_\_\_

Need additional forms? Simply make a copy of this one or print one from the online *Break Time* at [www.chandleraz.gov/breaktime](http://www.chandleraz.gov/breaktime).

<i>OFFICIAL USE ONLY</i> Date Received:	<i>OFFICIAL USE ONLY</i> Check #:	<i>OFFICIAL USE ONLY</i> Receipt #:
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**Mail form to: City of Chandler \* Recreation Class Registration \* Mail Stop 501 \* P.O. Box 4008 \* Chandler, AZ 85244-4008**