

Amt. Pd.: \$ _____

Date Pd: ____/____/____

Receipt #: _____



City of Tampa Parks and Recreation Department Registration Form

Name of Facility

Name of Program

Participant's Information

_____/_____/_____ to ____/____/_____
Start Date End Date

Last Name _____ MI _____ First Name _____

Birthdate ____/____/____ Sex Male Female Home Phone _____

Address _____
City Zip Code

School (if applicable) _____

* Parent/Guardian Information (if participant is under 18 years old)

Initial Mother's/Guardian's Name _____
Check if authorized to pick up participant
Work Phone _____ Cell Phone _____

Initial Father's/Guardian's Name _____
Check if authorized to pick up participant
Work Phone _____ Cell Phone _____

Individuals authorized to pick up minor:

Initial Name _____ Relationship _____ Phone _____

Initial Name _____ Relationship _____ Phone _____

Initial Name _____ Relationship _____ Phone _____

Emergency Contacts:

Initial Name _____ Relationship _____ Phone _____
Check if authorized to pick up participant

Initial Name _____ Relationship _____ Phone _____
Check if authorized to pick up participant

Please list any medications and/or medical history staff should be aware of:

Participant/Parent/Guardian Signature

Date