

Registration Form
Douglas Recreation Division Douglas Recreation Community Center
425 E. 10th Street * Douglas, AZ 85607 * 520-417-7340



*Summer Camp I 2017 *

Child's Information

Last Name _____ First Name _____

Date of Birth _____ Age _____

Home Address _____

City/State/Zip _____

Parents/Guardian's Name _____ Relation _____

Home Phone # _____ Cell Phone _____

Email Address _____

Emergency Contact Name _____ Number _____

Does your child has allergies or is allergic to anything? _____

Is there any additional information you would like us to know about your child?

Who is authorized to pick up your child?

I have understood the rules of the recreation Center. I understand that the use of the facility is determined by my behavior at the center, functions, and activities. I agree to the rules and hereby declare that I will be at my best behavior and use my best judgment while at the center or functions. We/I undersigned assume all risks and or hazards with participation in or connection with specified programs or activities. I acknowledge that the physical fitness is implemented in activities such as sports and in some cases is a test of a person's physical limit and carries the potential for injury and property loss. I do agree to hold harmless the City of Douglas, or its employee, sponsors, volunteers from injury or loss which may occur therein. I also grant to a representative of the City of Douglas to administer first aide, authorize emergency treatment for me or my child until there are proper notifications. I also grant full permission to use all photos, videos, recordings of myself for any purpose to include commercial use.

Signature of Participant _____

Signature of Parent/ Guardian _____ Date _____

Note: We encourage your child to wear tennis shoes. We are outside for many activities which involve running or kicking.

Staff Accepting Application _____ **Date** _____

Group _____