

# SUNDERLAND RECREATION DEPARTMENT

## **PROGRAM REGISTRATION - ADULT**

<b>PROGRAM FEE</b>	\$ _____	<b>FEE PAID</b>	Cash	\$ _____
	\$ _____		Check	\$ _____
	\$ _____ (1x Annual Program Fee)		Check #	_____

**PROGRAM:** \_\_\_\_\_ (Please Print Clearly)

**DATES:** \_\_\_\_\_

**PARTICIPANT: NAME:** \_\_\_\_\_

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

**PHONE:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**ADDITIONAL INFORMATION FOR EMERGENCY CONTACT:**

**#1 NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**#2 NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ATTENTION: ANY MEDICAL PROBLEMS:**\_\_\_\_\_

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**FAMILY HEALTH INSURANCE PLAN:** \_\_\_\_\_

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**COMMENTS/ADDITIONAL INFORMATION:** \_\_\_\_\_

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**Please read the reverse side of this form & sign and date both sides. Thank you!!!**

DATE \_\_\_\_\_

**SIGNATURE**