

# SUNDERLAND RECREATION DEPARTMENT

## YOUTH PROGRAM REGISTRATION

**PROGRAM FEE**      \$ \_\_\_\_\_      **FEE PAID**      Cash      \$ \_\_\_\_\_  
                          \$ \_\_\_\_\_

Family Discount  
(2<sup>nd</sup> Child - \$5 Discount) - \_\_\_\_\_ Check # \_\_\_\_\_

Does not need uniform - \_\_\_\_\_  
**(Shirt cost: \$10.00)**

**TOTAL**                      \$                     

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

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

**PARTICIPANT: NAME:\_\_\_\_\_CHILD-GRADE\_\_\_\_\_AGE\_\_\_\_\_**

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

**PHONE:** \_\_\_\_\_ **PARENTS:** \_\_\_\_\_

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

**ADDITIONAL INFORMATION FOR EMERGENCY CONTACT:**

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

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

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

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

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

**FAMILY HEALTH INSURANCE PLAN:**

**PLEASE READ, SIGN AND DATE BOTH SIDES OF THIS REGISTRATION FORM.**

DATE \_\_\_\_\_

**SIGNATURE**