



Activity Registration Form

| |
|---------------------------------------|
| MEMBER # |
| <input type="checkbox"/> Resident |
| <input type="checkbox"/> Non-Resident |

Activity _____ Day(s) _____ Time _____ Fee _____

Participant Name _____ Male Female

Address _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Age _____ Date of Birth _____

Participation Consent: I _____ agree to participate in the above listed program. I understand there are risks of injury present and that I participate in the program at my own risk. The City of Wyoming, the Recreation Commission and other professional athletic or recreational organizations associated with the City or the program will not be held liable for any injury sustained and said group will not be responsible for any medical expenses incurred growing out of my participation.

Signature of Participant or Parent (if under 18): _____ Date: _____

For Office Use: Cash Check # _____ Credit Card Visa Mastercard _____ **Amount Paid:** _____



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