



## PROGRAM REGISTRATION FORM

### SECTION I (TO BE COMPLETED BY PARTICIPANT AND/OR PARENT/GUARDIAN)

**Please check one of the following:**

After school	School breaks	Soccer	Summer
Cheerleading	Track and field	Teen night	Basketball
Softball	Flag football	Snorkeling	Canoe/kayak
Tennis		Other:	

Date of program: \_\_\_\_\_ Location: \_\_\_\_\_  
 Participant's name: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

**Youth participants:**  
 Sports leagues – age \_\_\_\_\_ (as of last Sept. 1) Date of birth: \_\_\_\_\_  
 Summer recreation – age \_\_\_\_\_

**Youth (under 18):**  
 I (the parent/guardian), do hereby grant permission for my child (under 18) to participate in the above program. Further, I agree to observe all the rules and regulations of the Parks, Recreation and Culture Division at all times.

\_\_\_\_\_  
 Parent/guardian signature

**Adult (over 18):**  
 I agree to observe all the rules and regulations of Volusia County Parks, Recreation and Culture at all times.

\_\_\_\_\_  
 Participant's signature

**How did you hear about this program?** \_\_\_\_\_

### PROCEDURES FOR MAILING REGISTRATION FORM

1. Complete and sign this form, including the attached release of liability.
2. Attach a copy of birth certificate for all youth participants.
3. Write your driver's license number and a phone number on your check.
4. Keep a copy of this form and take it with you to the first day of the program.
5. Mail or bring all documents to 202 N. Florida Ave., DeLand, FL 32720. They must be received before the registration deadline. Please allow five days for mail time.

### SECTION II (TO BE COMPLETED BY PARKS, RECREATION AND CULTURE STAFF)

Birth certificate: \_\_\_\_\_  
 Fees: \$ \_\_\_\_\_ Insurance: \$ \_\_\_\_\_ Total fee \$ \_\_\_\_\_  
 Discount: # of additional family members \_\_\_\_\_ x \$5.00 Discount \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Name(s) of additional family members \_\_\_\_\_

METHOD OF PAYMENT: Cash \_\_\_\_\_ Money order \_\_\_\_\_ Check (#) \_\_\_\_\_  
 Driver's license # \_\_\_\_\_

**Registration taken by:** \_\_\_\_\_  
Print name Signature