

AQUATICS CLASS REGISTRATION APPLICATION FORM: *Please fill out completely.*

One form per family. Please read the registration procedures before registering.

PARENT / PAYEE INFORMATION EMAIL ADDRESS: _____

FIRST NAME	LAST NAME		
ADDRESS	CITY	ZIP CODE	
HOME PHONE #	CELL PHONE #	EMERGENCY CONTACT NAME & PHONE #	

Check here if new address. *For Aquatics registration, please submit one registration form per session.*

PARTICIPANT'S NAME		ACTIVITY NAME	LOCATION	CLASS START DATE	TIME	DAYS OF THE WEEK	CLASS FEE
FIRST	LAST	1st CHOICE					
AGE	BIRTHDATE / /	2nd CHOICE					
GENDER <i>(Circle One)</i>	FEMALE MALE	3rd CHOICE					
FIRST	LAST	1st CHOICE					
AGE	BIRTHDATE / /	2nd CHOICE					
GENDER <i>(Circle One)</i>	FEMALE MALE	3rd CHOICE					
FIRST	LAST	1st CHOICE					
AGE	BIRTHDATE / /	2nd CHOICE					
GENDER <i>(Circle One)</i>	FEMALE MALE	3rd CHOICE					
FIRST	LAST	1st CHOICE					
AGE	BIRTHDATE / /	2nd CHOICE					
GENDER <i>(Circle One)</i>	FEMALE MALE	3rd CHOICE					

DEBIT, VISA, MASTERCARD AND AMERICAN EXPRESS CARDS

are accepted for all over-the-counter and online transactions.

We only accept cash*, check, money order or cashier's check for all drop-off and mail-in registrations.

****No cash accepted for mail-in registration.***

The City of Chandler intends to comply with the Americans with Disabilities Act (ADA).
To request a reasonable accommodation, please contact Collette Prather at (480) 782-2709 at least two weeks in advance.

I understand that the City of Chandler does not carry accident insurance for these programs.
I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my participation.
I also give my permission for any photos/videos taken of participants to be used by the City of Chandler.

Signature of Parent/Payee: _____

Need additional forms? Simply make a copy of this one or print one from the online *Break Time* at www.chandleraz.gov/breaktime.

OFFICIAL USE ONLY <i>Date Received:</i>	OFFICIAL USE ONLY <i>Check #:</i>	OFFICIAL USE ONLY <i>Cash Received:</i>	OFFICIAL USE ONLY <i>Receipt #:</i>
--	--------------------------------------	--	--

Mail form to: City of Chandler * Aquatics Class Registration * Mail Stop 906 * P.O. Box 4008 * Chandler, AZ 85244-4008