

ACTIVITY REGISTRATION FORM

Please read the Registration Highlights on the Information Page before registering.

ADULT PARTICIPANT/CHILD (UNDER 18) GUARDIAN INFORMATION				Please print and fill out completely	
First Name	MI	Last Name	Date of Birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mailing Address					
<input type="text"/>					
City,	State	Zip	Parent/Guardian		Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Primary Phone Number			Secondary Phone Number		
<input type="text"/>			<input type="text"/>		
Dover Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Yes, send me email updates to: How did you hear about us: Friend Website Program Guide Other					
Does your child have any allergies?					
<input type="text"/>					

PARTICIPANT #1

First Name	MI	Last Name	Sex	Birth Date (mm-dd-yy)	Age	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>				
ACTIVITY #	ACTIVITY NAME		ACTIVITY FEE			
<input type="text"/>	<input type="text"/>		<input type="text"/>			
<input type="text"/>	<input type="text"/>		<input type="text"/>			

PARTICIPANT #2

First Name	MI	Last Name	Sex	Birth Date (mm-dd-yy)	Age	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>				
ACTIVITY #	ACTIVITY NAME		ACTIVITY FEE			
<input type="text"/>	<input type="text"/>		<input type="text"/>			
<input type="text"/>	<input type="text"/>		<input type="text"/>			

Payment Amount & Type	
Total Due: _____	Checks to: City of Dover
Payment Amount & Type	
Cash	Check MC/Visa/Disc Other <i>Please circle</i>

Submit your registration by:

Online: [HTTPS://CITYOFDOVER.RECDESK.COM/COMMUNITY/HOME](https://cityofdover.recdesk.com/community/home)

Mail: City of Dover Recreation, PO Box 475, Dover, DE 19903

Phone: w/Credit Card Info.: 302-674-7541

ONLINE REGISTRATION IS RECOMMENDED!

RELEASE STATEMENT:

I understand that the City of Dover provides no medical coverage for participants unless specified, and that all bills which may be incurred as a result of an activity-related injury are my responsibility. I hold harmless the City of Dover and all other parties involved in the conduction of these activities. I agree that any photographs taken during the event shall become and remain the property of the City of Dover, and that the City of Dover shall have the right to use such photographs and/or films whenever so desired free of any claims on my behalf.

Signature of adult participant /If under 18, parent/legal guardian Date

If you would like to participate in these activities and need disability related accommodations, please call 302-674-7541. You may reach TTY/TDD operator services by dialing 1-800-855-1155.

ONLINE REGISTRATION RECOMMENDED