

Registration Form

Dover Resident

Non-Resident



Adult or Responsible Party Information

Last Name	First Name	Middle Initial
Mailing Address	City	State Zip
Phone: H() W() Cell()	Emergency Contact Name: Relationship: H() Cell :	
Please include your email so we can communicate with you regarding start dates, changes and weather cancellations—we will bcc you on email lists.	EMAIL ADDRESS:	

PARTICIPANT INFORMATION—Please fill in the information below for each person you are registering

Last Name	First Name	Middle Initial	DOB-Mo/Day/Yr.	Age	Gender	Grade in Sept. 2019

CONFIRMATIONS WILL NOT BE SENT

Registrations will be accepted by mail for programs **ONLY WITH A CHECK AND PROGRAM NAME/TIME LISTED.**

Participant Name	Program Name	Volunteering or Coaching?	Program Fee
EXAMPLE	Basketball-Boys K-1 9AM	Y	\$00.00

Date Paid _____	Your Check Number _____	Staff Initials _____	Total _____	\$
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No refund given after activity begins. All persons participating in Dover Recreation programs do so at their own risk and without recourse to the City of Dover, its agents, officers or employees. A \$10 non-refundable administration charge included in all fees.

I, the undersigned, parent or guardian, do hereby agree to allow the individual(s) named above to participate in the activity, and I further agree to hold the City of Dover, Recreation Department harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity.

I, understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name. If needed please use back side.

➤Please indicate any medical concerns: medication(s) child is taking, swimming problems or other physical disabilities of which we should be made aware of: _____

We may be taking pictures of activities during any of our programs to use in our future publications. Please check if you would NOT allow use of these photos. Do Not Allow the use of pictures

SIGNATURE: _____ Date: _____

Health Insurance Company: _____ Policy Holder: _____