

SIGN UP SHEET



Parent's Name _____

Address _____

City _____ Zip _____

Phone _____ Alt. Phone _____

Email _____

Please include all children enrolled:

1. **Child's Name** _____ **D.O.B.** _____

Does this child have a disability? Y / N Grade Allergies

What can we do to accomodate this child? _____

2. **Child's Name** _____ **D.O.B.** _____

Does this child have a disability? Y / N Grade Allergies

What can we do to accomodate this child? _____

3. **Child's Name** _____ **D.O.B.** _____

Does this child have a disability? Y / N Grade Allergies

What can we do to accomodate this child? _____

This is not a drop off program. Parents / guardian over 16 must remain on site for the event.

Initials of on site guardian _____

How did you hear about this program? _____

Photo Release Signature of Guardian _____

Return Form to front desk at **1801 4th St NW 87102**

Questions: Please contact Parks and Recreation at **505-768-5354**



Therapeutic Recreation