

# 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