# 2007 YDC Registration Form

**CITY OF KALAMAZOO DEPARTMENT OF PARKS AND RECREATION –2007**
**251 Mills Street, Kalamazoo, MI 49048 337-8191**

(Please type or print, one name per form)

PARTICIPANT'S NAME _____

PARENT/GUARDIAN _____ H-PHONE _____ W-PHONE _____

ADDRESS _____ CITY _____ ZIP _____

DATE OF BIRTH _____ AGE _____ SEX ____ PLEASE CIRCLE: RESIDENT / NON-RESIDENT

NEIGHBORHOOD _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT _____ H-PHONE _____ W-PHONE _____

| ACTIVITY CODE | ACTIVITY TITLE | AMOUNT |
|---|---|---|
| | | |
| | | |
| | TOTAL | |

**Does your child have any special needs?** ☐ **YES** **If yes, please list those needs and attach with registration card.**

If more registration forms are needed, you may photocopy or fill in above information on plain paper. Make checks payable to KALAMAZOO CITY TREASURER and mail to the City of Kalamazoo Parks and Recreation, 251 Mills Street, Kalamazoo, MI 49048.

I HEREBY AGREE TO ACCEPT ALL MEDICAL RESPONSIBILITY IN CASE OF EMERGENCY DUE TO ACCIDENT OR ILLNESS.

**PARENT/GUARDIAN SIGNATURE** _____

Payment method: ☐ CASH ☐ CHECKS made payable to Kalamazoo City Treasurer ☐ VISA ☐ MASTERCARD

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Card Number

Cardholder's Signature _____ Expiration date: ____/____

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BELOW OFFICE USE ONLY Cash / Check / CC Receipt # Class #

Date _____ Amt. Paid_____ # _____ _____ _____ Cashier _____