

PLEASE PRINT ALL INFORMATION

FIRST NAME: _____ LAST NAME: _____

CIRCLE: MALE FEMALE EMAIL ADDRESS: _____

CIRCLE SHIRT SIZE: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL AXXXL

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

GRADE: _____ SCHOOL: _____ AGE: _____ BIRTHDATE: _____

EMERGENCY CONTACT: _____ PHONE: _____

I give permission to let the above participate in the specified Berea Rec. Program. I understand that the Berea Recreation Department, their employees, volunteers or sponsors WILL NOT in any way be responsible for any accident or injury that may be incurred while participating in the program. By signing this form I also agree that our family will uphold the highest standards of sportsmanship while attending games and practices. I also understand and agree that unsportsmanlike conduct will result in disciplinary action determined by the Berea Recreation Center Management. All above information is correct to my knowledge; if is found incorrect, program admission will be denied and NO refund will be granted. **THERE ARE NO PROGRAM REFUNDS. A \$15 RETURNED CHECK FEE APPLIES.**

ADULT 18+ SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

DATE: _____	AMOUNT PAID: \$ _____	CHECK / CASH	EMPLOYEE INITIALS: _____
PROGRAM: _____	SESSION: _____	TIME: _____	LEVEL: _____