



Registration Form

Registration continues until courses are filled or closed unless otherwise noted



Household/Primary Adult Contact: Passholder New Address New E-mail Address

Last Name: _____ First Name: _____

Street (no P.O. boxes): _____ City: _____ Zip: _____

Primary Phone: _____ Cell Phone: _____

Emergency Phone: _____ *E-mail Address: _____

(*By providing an e-mail address, I agree to allow the TRD to use it to send my receipt and to contact me about my program and other departmental programs and events. I understand that this information is not shared with outside entities.)

Participant Last Name	First Name	Birthdate	M/F	Grade	Class Title	Activity # and letter	Alternate Activity #	Fee
Total Fees								\$

Roster Notes: _____

For Youth Leagues ONLY: Please indicate the school your child attends by circling the appropriate letter.

A. Barnard	E. Hill	I. Schroeder	M. Wattles	Q. Boulan	U. Troy High
B. Bemis	F. Leonard	J. Warren Cons.	N. Avondale Schools	R. Larson	W. Private
C. Costello	G. Martell	K. Troy Union	O. Bhm/Blmfd Schools	S. Smith	School/Non-Res
D. Hamilton	H. Morse	L. Wass	P. Baker	T. Athens High	

I hereby voluntarily release and hold harmless the City of Troy, City of Troy Contractors/Independent Contractors and the Troy School District from all liability for all types of damages or injuries, whether foreseeable or not, sustained by myself, my child and other family members while participating, watching and traveling to or from this activity. I/we also hereby authorize the City to reproduce, copy, exhibit, publish, broadcast or distribute my image or my child's image in any and all videotapes and photographs taken while participating, watching and traveling to or from the activity for promotional purposes.

Signature Required: _____ **Date:** _____

For Mail-In or Drop-Box registrations only-complete the payment box below

 	Payment (DO NOT SEND CASH) : <input type="checkbox"/> Check (Payable to City of Troy) <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA
	Card Number: _____ Expiration Date: _____
	Name: _____ Authorizing Signature _____ <small>(Please print as it appears on card)</small>

Check here if you need an accommodation and you will be contacted by the ADA Coordinator.