

# ROGERS ACTIVITY CENTER

Membership/Program: \_\_\_\_\_

**Refund Policy: No Refunds or Transfers**  
**Registration fees and Membership fees are non-refundable and non-transferrable.**  
**Memberships cannot be changed, upgraded, discounted or refunded.**

During programs and at the facility, participants/members may be photographed.

**Participants Name:** \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Emergency contact: (Other than the parent or guardian)

1<sup>st</sup> Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**For Youth Sports Programs Only:**

**What is your T-shirt size?**      YS    YM    YL    AS    AM    AL    AXL

**Are you willing to be a volunteer coach? (Please circle)**

- YES**, I can volunteer as a **Head Coach**.       **YES**, I can volunteer as an **Assistant Coach**.  
 **NO**, I am unable to volunteer at this time.  
 I agree to allow my child's name and contact information to be released to Rogers  
Public School coaches.

**Print Name**  
**(Parent/Guardian):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Parent/Guardian)**

**STAFF USE ONLY: (TOTAL OF PURCHASE)**

\_\_\_\_\_ = \_\_\_\_\_  
\_\_\_\_\_ = \_\_\_\_\_  
\_\_\_\_\_ = \_\_\_\_\_  
Staff Initials: \_\_\_\_\_ **TOTAL =** \_\_\_\_\_