ROGERS ACTIVITY CENTER

Membership/Program: _____

Session: (if needed) _____

Refund Policy:
REGISTRATION FEES AND MEMBERSHIP FEES ARE NON-REFUNDABLE.

Print Name(Parent/Guardian): _____

Parent/Guardian Signature: _____ Date: _____

Participants Name: _____

Address: _____ City: _____ State: _____ Zip:_____

Email Address: _____

Home Phone #: _____Work Phone #: _____Cell Phone #:_____

Gender: _____ Date of Birth: _____Grade: _____School: _____

In Case of Emergency, Contact:

1st Contact: _____ Relation: _____ Phone: _____

2nd 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 not able to volunteer at this time.

STAFF USE ONLY: (TOTAL OF PURCHASE)

_____ = _____

_____ = _____

_____ = _____

_____ = _____

Staff Initials: _____ **TOTAL =** _____