

Registration Form

*\$5 admin fee is applied to customer changes or cancellations

Name: _____
D.O.B. _____ Age: _____ M/F: _____
Address: _____ City: _____
Zip Code: _____ Email Address: _____
Parent Name: _____ D.O.B.: _____
Home Phone: _____ Work Phone: _____
Emergency Contact Name & Number: _____

For Office Use Only:
Date: _____
Total Fee: _____
How Paid: _____
Receipt: _____

Course #	Program Name	Program Time	Fee	Approved

MC ___ VISA ___ Exp. Date: _____ Card No: _____

I waive liability of personal harm arising out of my participation in PARD programs and accept responsibility for it.

Signature: _____ Date: _____
(Parent or Guardian if under 18)

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