



Recreation Account Form

Please fill out this form to assist our staff in setting up your account. Include only members of your household.
***Indicates required information. Please Print.**

Primary Adult

First Name* _____ Last Name* _____

Address* _____

City* _____ State* _____ Zip* _____

Cell _____ Home _____ Work _____ Phone Number* _____

Cell _____ Home _____ Work _____ Phone Number _____

Email* (only used for program information) _____

Gender* Male _____ Female _____ Date of Birth* _____ Special Needs/Allergies _____

Secondary Adult (If applicable)

First Name* _____ Last Name* _____

Date of Birth* _____ Gender* Male _____ Female _____

Email* (only used for program information) _____

Cell _____ Home _____ Work _____ Phone Number* _____

Cell _____ Home _____ Work _____ Phone Number _____

Special Needs/Allergies _____

Dependents age 17 & younger or full-time students age 22 & younger.

Name (First & Last)*	Date of Birth*	Male or Female*	Special Needs/ Allergies

Emergency Contact

Name (First & Last)	Phone Number	Relation to Child	Allow child pick up?