Last Name:_____

Adult/Guardian Information (Please Print)	
1st Adult Name:	2nd Adult Name:
Day/Cell Phone:	Day/Cell Phone:
Home/Eve Phone:	Home/Eve Phone:
Address:	E-mail:
City & Zip:	☐ *My Address has recently changed*

Spring /Summer 2010
Program/Activity Registration Form

Mail to: Anderson Mill Parks & Recreation
11500 El Salido Parkway
Austin, TX 78750
512-258-4104 fax 512-258-5848

Participant Name	Birth date	Male/ Female	1st Choice Class Title/Dates	Course #	2nd Choice (If 1st choice is	Course #	Fee

EMERGENCY CONTACT INFORMATION		
Adult Name:	Home	Cell

Check here to donate $1 toward scholarship fund. ☐

Total Fees: ☐

Be sure to read and sign below: I hereby agree to indemnify and hold harmless the Anderson Mill Limited District and its officers and employees from and against any and all liabilities for any injury which may be suffered by me or by my child arising out of or in any way connected with participation in the program noted above. In case of emergency, my child may be treated by a qualified first responder and/or a physician/EMS member. I give Anderson Mill Limited District the right to photograph and use the likeness of myself or my child.

Signature: _____ ***Date:*** _____
Must sign to register.

Please check here if participant requires special assistance to maximize their participation. You will be contacted.

PLEASE READ
REFUND POLICY
BEFORE SIGNING. Pg 31.

PAID BY: Cash Credit Card
Check

There is a $35 charge for returned checks.

Office Use	Fee	Registrar	Date Processed	Credit Card	Cash	Check #	Registration Office Phone:
							512-258-4104 (phone) 512-258-5848(fax)