City of Casa Grande

Visit our website: www.casagrandeaz.gov
Need additional forms? Simply make a copy of this one or print one from our website.

Community Services Department ▪ 404 E. Florence Boulevard ▪ Casa Grande, AZ 85122 ▪ (520) 421-8677 ▪Fax (520) 421-8678

REGISTRATION FORM – Please fill out completely
(One form per family. Please read registration information before registering)
IF A PERSON CANCELS AFTER THE CLASS BEGINS, NO REFUNDS OR CREDITS WILL BE ISSUED.

Participant Information or Parent/Guardian Information (if participant(s) under 18 year of age)

(Please Print) – ***All fields required**

*Name_____ *Date of Birth _____ *Gender: M ____ F____

*Mailing Address_____ *City _____ *Zip_____

□ Check here if this is a new address.

*Phone #_____ *Work #_____ Email Address _____

□ Check here if you would like to be added to the City of Casa Grande Recreation online notification by email.

***(Required)**

*Emergency/Alternate Contact Person_____ *Phone#_____ *Relation_____

Participant's First & Last Name	M/F	Date of Birth	Class Code	Program Name	Program Day/Date	Time	Fee	**Office Use only**

In consideration of your acceptance of this registration, I, and anyone entitled to act on my behalf, agree to waive any claim against the City of Casa Grande, its employees or its agents for injuries that may occur as a result of my participation in this/these program(s). I understand the risks involved in the activity and agree that I will exercise caution and take all steps necessary to avoid injury. I agree, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions of photos, video film, audio or other reproduction, by the City of Casa Grande for dissemination in all types of media for public relations purposes. I have also read and understand the Registration and Refund information.

_____ _____ _____
Participant Signature or Parent/Legal Guardian Signature for participants under 18 years of age (REQUIRED) | Printed Name | Date

COMPLETE PAYMENT METHOD

☐Cash ☐Check #_____ ☐Other ☐Visa ☐MasterCard

Name on Credit Card: _____

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date: ☐☐☐☐

Authorized Cardholder Signature _____ CVC 3-digit Security Code: ☐☐☐

Staff _____

How did you hear about our programs?
- ❒ Brochure
- ❒ City Web Page
- ❒ Newspaper
- ❒ Friend
- ❒ Other _____