



Need additional forms? Simply make a copy of this one or print one from our Web site at www.casagrandeaz.gov

Registration Form

Community Services Department ■ 404 E. Florence Blvd. ■ Casa Grande, AZ 85122 ■ 520-421-8677 ■ Fax 520-421-8678
(Please read registration information before registering!)

IF A PERSON CANCELS AFTER THE CLASS BEGINS, NO REFUND OR CREDIT WILL BE ISSUED.

Parent/Guardian Information (please print)

NAME	DATE OF BIRTH	M/F
MAILING ADDRESS	CITY	ZIP
PHONE #	ALTERNATE PHONE #	EMERGENCY PHONE #

Check here if you would like to be added to the City of Casa Grande Recreation online notification: E-Mail _____

PARTICIPANT'S NAME	CLASS CODE	PROGRAM	DAY/DATE	TIME	FEE	OFFICE USE
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SCHOOL						
M/F	DATE OF BIRTH					

SCHOOL						
M/F	DATE OF BIRTH					

SCHOOL						
M/F	DATE OF BIRTH					

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 _____ AND Printed Name _____ Date _____
(Parent or Legal Guardian Signature for Participants under 18 years)

THANK YOU FOR YOUR PARTICIPATION IN OUR SURVEY BELOW!

<p>How did you hear about our programs?</p> <p><input type="checkbox"/> Brochure <input type="checkbox"/> Friend</p> <p><input type="checkbox"/> City Web Page <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Newspaper</p> <p>Other comments/suggestions: _____</p> <p>_____</p> <p>_____</p>	<p>Is this your first time registering for a Recreation program? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <hr/> <p>If you are a repeat customer, how many programs have you participated in?</p> <p><input type="checkbox"/> 3 or less <input type="checkbox"/> 4-6 <input type="checkbox"/> more than 6</p> <hr/> <p>How would you rate the quality of the recreation programs?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Good <input type="checkbox"/> Poor</p> <hr/> <p>Have you ever used the online registration process before? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Why or why not? _____</p>
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COMPLETE PAYMENT METHOD	Credit Card Number	TOTAL \$ _____																				
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<input type="checkbox"/> Other _____	Authorized Signature _____	Staff _____																				