General Registration Form

Participants Name		Date of Birth (MM/DD/YYYY)		
Program or Event Name		Start Date	Fee	
Are you registering yourself for	this program/event? YES	NO		
*IF "No" Who is the primary contact of the household?		Phone #		
Primary Phone Number	Cell Phone	Number		
Would you like to receive	e text messages to notify you	of upcoming programs or	events? YESNO	
Street Address	City	State	Zip Code	
Email				
Would you like to create a RecD for programs and shelter reserv			(Allows you to register	
IF "Yes"				
USER NAME:	We sugge	- We suggest First Name Last Initial (EX: John Doe> JohnD)		
PASSWORD:	Generate	d by front desk staff (Can	Be Reset once logged in)	
Emergency Contact Information	!			
Name of Emergency Contact		Phone Number		
Relation to Participant	Email			
	PAYMENT INFORMATION	N *Front Desk Staff*		
F	ORM OF PAYMENT: Cash	M OF PAYMENT: Cash Check Credit		
ASH AMT CHECK #	CARD #	Secu	urity Code EXP	
understand participation in recreation property loss and agree to assume the articipants from any liability for injuries accouraged prior to participation. If you blications, please notify the photograrticipating in Suamico recreation prograticipating outside of the Suamico Recreation progration participations.	nese risks for my family and release and damages sustained while part u do not wish to have your photo apher and/or program instructor rams, would not provide this inform	se the Village of Suamico, its e cicipating in these programs. I to taken or do not want your or I am providing personal info	mployees, the instructor, and other understand a physician's approval is your child's photographs in Village ormation solely for the purpose of	
gnature			_ Date	
TAKE HOME SLIP FOR O				
USER NAME:	(We su	(We suggest First Name Last Initial, ex: JohnD)		
PASSW	ORD:	(Can be reset once logged in)		

Site to Log In for online registration and reservations: www.villageofsuamico.recdesk.com/Community/Home



