

Registration Form

MCA

All areas of the form are required for registration process!

PLEASE COMPLETE & SUBMIT!!



Parent (over 18) _____ Email _____
 Address _____ City _____ Zip _____ Phone _____

Participants Name (Print Clearly)	Birth Date	Activity Name	Facility	Session (AM, PM, Wkend)	Time	Activity #

Payment Options: *Check, Cash (In person or via Mail)*
or Credit Card (over the phone)-Parent will be contacted for payment over the phone when the registration is being processed

PLEASE NOTE: Registration is not complete until payment received.

Program/Event/Photograph Waiver

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the Stapleton MCA, and its representatives, successors and assigns, from any and all liability arising from accident, injury, and illness that I (he/she) may suffer as a result of my (our) participation in this activity. I (we) also will follow the rules and regulations set by the Stapleton MCA and above named parties. Parent or guardian must sign for anyone age 18 and under.

I do hereby grant and give these groups the right to use my or my child's) photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity and promotion relating thereto. ____ **INITIAL**

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