



Participant	DOB	Activity #	Activity Name	Fee
			Total Fees: \$	
Address: Print Name of Parent/Guardian: _____			Telephone Numbers Home: _____ Work: _____ Cell: _____ <input type="checkbox"/> Please Call Me - I want to Volunteer as a Youth Coach!	
To receive periodic e-mail updates from FCPRD, please provide us with your e-mail address: _____				
Special accommodations needed				
Allergies or intolerance to food, medication, etc., and action to take in an emergency				