

Wellsville Parks & Recreation Department

REGISTRATION FORM

Programs: _____

Name: _____

Address: _____

Phone Number: _____ Parents Name: _____

E-Mail Address: _____

Emergency Phone Numbers

*Please list phone numbers that we can contact you from 8:00 a.m. – 8:00 p.m. These numbers will be used for/in emergency situations like cancellation of classes, medical emergencies, etc.

Name: _____

Home Phone: _____ Cell: _____

Work Phone: _____

Medical restrictions/limitations: _____
