



# Recreational Program Registration Form

City of Rosenberg  
Parks and Recreation Department

Participant's Full Name *(first, last)*

Gender *(male or female)*

Participant's Age or Date of Birth

Street Address

City, State, Zip Code

Phone #

Participant's Email Address

Emergency Contact Name

Phone #

Parent/Guardian Name *(if participant is under 18)*

Parent/Guardian Phone #

Parent/Guardian Email Address

**\* A signed liability waiver must accompany registration form \***

**For Office Use Only**

Class/Program	Start Date/Month	Fee
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