

Olivette Parks & Recreation GENERAL APPLICATION FORM

NOT FOR SUMMER ADVENTURES CAMP USE. Missing information will delay your registration. Photocopy this form for additional registrations or pick up additional forms at the Olivette Parks & Recreation Office.

PROGRAM _____

FEE _____

SESSION _____

TIME _____

(PLEASE PRINT LEGIBLY)

APPLICANT'S NAME: _____ GRADE: _____

HOME ADDRESS: _____

CITY THAT YOU ARE A RESIDENT OF: _____

ZIP: _____ HOME PHONE#: (____) _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____ SCHOOL: _____

PARENT/GUARDIAN: _____ ALT. PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

E-MAIL ADDRESS: _____

**** (OPTIONAL) PLEASE LIST (3) POSSIBLE TEAM MEMBERS OR A COACH PREFERENCE:**

Your child's placement is not guaranteed according to preference.

1. _____ 2. _____ 3. _____

**** UNIFORM SIZE (IF NEEDED) Please place ONE CHECKMARK for shirt and pant size next to the correct size for your child. Every effort will be made to select the appropriate size. ****

YOUTH SIZES YS (6-8) _____ YM (10-12) _____ YL (14-16) _____

ADULT SIZES AS _____ AM _____ AL _____

Would you like to donate \$1.00 or more to the scholarship program to enable economically disadvantaged youth the opportunity to participate in programs? _____ Yes _____ No

Does applicant require any special accommodations or assistance for enjoyment of the program? Yes _____ No _____ If yes, please describe:

Would you be interested in being a Volunteer Coach? Yes _____ No _____
(If Yes, Please Contact the Recreation Office at 314-991-1249)

Make checks payable to: The City of Olivette
Return to: The Olivette Parks & Recreation Department
Attention: Program Registration
9723 Grandview Drive
Olivette, MO 63132

-----Office use only-----

Amount Received: _____ Check/Cash/Credit Card: _____

Date: _____ Received By: _____