

HANDICAPPED?
YES _____
NO _____

**CITY OF COMMERCE**  
**Department of Parks and Recreation**

**CAMP COMMERCE – FAMILY REGISTRATION**

DATE OF SESSION: \_\_\_\_\_

**PLEASE PRINT THE FOLLOWING INFORMATION:**

ADULT'S NAMES                      ADDRESS                      PHONE#                      BIRTHDATE

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CHILDREN'S NAMES    BIRTHDATE                      CAR SEAT

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I HAVE READ THE RULES AND REGULATIONS AND AGREE TO THE TERMS.

Signature \_\_\_\_\_

EMAIL: \_\_\_\_\_

**OFFICE USE ONLY**    DATE \_\_\_\_\_

MEDICAL FORMS COMPLETED AND SUBMITTED?    YES                       NO

RAC # CURRENT    YES                       NO

IMMUNIZATION RECORDS ON FILE?                      YES                       NO

NOTES: \_\_\_\_\_