

REGISTRATION FORM

Feel free to make copies of this form

PARTICIPANT INFORMATION

Name: _____ Birthdate: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parent's Names: _____ Email: _____

Cell Phone: _____ Grade: _____ School: _____

Emergency Contact Person: _____ Cell Phone: _____

TShirt Size: YS YM YL AS AM AL AXL

PARTICIPANT #2 INFORMATION

Name: _____ Birthdate: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parent's Names: _____ Email: _____

Cell Phone: _____ Grade: _____ School: _____

Emergency Contact Person: _____ Cell Phone: _____

TShirt Size: YS YM YL AS AM AL AXL

PAYMENT INFORMATION

Credit Card #: _____ Exp. Date: _____

Security Code: _____ Name on Card: _____

Amount Paid: _____ Program (s) Signing up for: _____

Students from surrounding schools are welcome to participate in all GRC Recreation programs.

VOLUNTEER COACHES/ASSISTANTS FORM

Full Name: _____ Cell Phone: _____ Email: _____

Background Check Information: DOB: _____ Race: _____ Sex: _____

Previous Experience: _____

I would like to: Coach Assist Coach/Assistant's Name (if known): _____

Volunteering for: _____

Tshirt Size: AM AL AXL AXXL AXX

**Send registration form and payment to:
GRCS at 2400 Plymouth St. SE Grand Rapids MI 49506**

Attn: Kirk Sundberg

Questions? Email: ksundberg@grcs.org