MISSION PARKS & RECREATION DEPARTMENT
2017 TAAF REGISTRATION FORM

PLEASE CHECK ONE: _____ TAAF TENNIS

_____ TAAF TRACK

_____SHARYLAND/ PIONEER

_____MISSION VETS

NAME:_____ **PHONE:**_____

ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIP:**_____

DOB:_____ **AGE:**_____

SCHOOL DISTRICT:_____

I, the undersigned, do hereby agree to hold harmless the CITY OF MISSION, PARKS AND RECREATION, MSID, its agents, and employees, and all volunteers from any an all liability resulting from my participation.

_____ _____

PARENT OR GUARDIAN SIGNATURE **DATE**

CONTACT NAME IN CASE OF ANY EMERGENCY:_____

PHONE NUMBER:(W)_____ **(H)**_____**(CELL)**_____

(NO REFUNDS)

MISSION PARKS & RECREATION DEPARTMENT
2017 TAAF REGISTRATION FORM

PLEASE CHECK ONE: _____ TAAF TENNIS

_____ TAAF TRACK

_____SHARYLAND / PIONEER

_____MISSION VETS

NAME:_____ **PHONE:**_____

ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIP:**_____

DOB:_____ **AGE:**_____

SCHOOL DISTRICT_____

I, the undersigned, do hereby agree to hold harmless the CITY OF MISSION, PARKS AND RECREATION, MSID, its agents, and employees, and all volunteers from any an all liability resulting from my participation.

_____ _____

PARENT OR GUARDIAN SIGNATURE **DATE**

CONTACT NAME IN CASE OF ANY EMERGENCY:_____

PHONE NUMBER:(W)_____ **(H)**_____**(CELL)**_____

(NO REFUNDS)