



ST. LOUIS DEPARTMENT OF PARKS, RECREATION AND FORESTRY RECREATION DIVISION PROGRAM REGISTRATION

Wohl Registration

Date: _____

Client Information

NAME: _____

STREET ADDRESS: _____

CITY/STATE: _____ ZIPCODE _____

HOME PHONE: _____ CELL PHONE _____

EMAIL ADDRESS: _____

BIRTHDATE: _____ AGE: _____ SEX: _____

ETHNICITY: HISPANIC OR LATINO NON HISPANIC OR LATINO

RACE: Select Only One.

Asian Black or African American White Other

Black or African American and White American Indian or Alaska Native

American Indian or Alaska Native and Black American Indian or Alaska Native and White

Native Hawaiian or Pacific Islander

EMERGENCY CONTACT INFORMATION

NAME: _____

RELATIONSHIP _____

PHONE: _____

NAME: _____

RELATIONSHIP _____

PHONE: _____

Does your child take any medication? Yes No

If Yes please list. _____

Does your child have any medical conditions? Yes No

If Yes please list. _____

Does your child have any allergies? Yes No

If Yes please list. _____

Liability Release: I hereby release and hold harmless from liability the City of St. Louis, the Department of Parks, Recreation & Forestry and its employees and representatives.

Signature: _____ Date: _____