



Colorado Adventure Sports™
Activity Registration Form

Activity Name: _____ **Location:** _____
(Note - Some Items Below May Not Be Applicable To Your Specific Activity - Leave Blank If Needed)

Parent Information:

Parent's Name (Please Print Clearly): _____

Home Address: _____ City: _____ State: _____ Zip: _____

Best Phone C/H/B: _____ Alt Phone C/H/B: _____
(C=Cell H=Home B=Business)

E-mail*: _____
(*We do not share your E-mail address but it is required for activity updates)

Participant Information:

Participant's Name: _____ Male Female

Birth Date: ____ / ____ / ____ Age: ____ T-Shirt Size: ____ Shoe Size: ____

Some activities include snacks and/or drinks. Are you a vegetarian or vegan? -Or- Do you require anything special, or do you have any allergies or diet restrictions? Y N (If Y, please specify.)

Emergency Contact 1: _____ Best Phone: _____ Alt Phone: _____

Emergency Contact 2: _____ Best Phone: _____ Alt Phone: _____

Activity Tuition:

(See Website For Activity Costs)\$ _____

Total Amount Paid \$ _____ or Deposit Only (See Website For Deposit Amounts)

Payment Method:

Personal, business, cashier's check, or money order, payable to Colorado Adventure Sports.
(Please fill in the participant's name in the memo section.)

Visa MasterCard Amex Discover Name As It Is Printed On Card: _____

Card # _____ - _____ - _____ Exp Date: _____ 3-4 Digit Code: _____

I have read and I understand the refund, cancellation, and change policy detailed in FAQ's of the website.

Cardholder Signature: _____ Date Paid: _____

Participant Signature: _____ **Today's Date:** _____

Parent's Signature: _____ **Today's Date:** _____

Bring this form with you to the activity, or fax, mail, or email this completed form to:
Colorado Adventure Sports; Registration; PO Box 746113, Arvada CO 80006-6113
Phone 303-955-5420; Fax 303-957-5420; reg@coloradoadventuresports.org