

KEN-CARYL RANCH METROPOLITAN DISTRICT

RANCH HOUSE
7676 S. Continental Divide Road
Littleton, CO 80127
303/979-4070 Fax: 303/979-5347

COMMUNITY CENTER
One Club Drive, Littleton, CO 80127
303/979-2233 Fax: 303/979-6501

MAIL-IN / DROP-OFF TENNIS REGISTRATION (E-mail address required for registration confirmation)

PLEASE USE ONE FORM PER PERSON. EACH FORM REQUIRES A SEPARATE CHECK OR CREDIT CARD ON FILE. THANK YOU.

NAME: _____ BIRTHDATE: _____ AGE: _____ SEX: M F KC RESIDENT: _____ NON-KC RESIDENT: _____

PHONE: _____ E-MAIL REQUIRED: _____ **We will not mail registration receipts.**

ADDRESS: _____ CITY: _____ Zip: _____

The Americans with Disabilities Act (ADA) provides protection for individuals with disabilities in employment, public accommodation and provision of service. KCRMD is committed to implementing, supporting and following all applicable provisions of this act. Questions, comments and suggestions regarding ADA issues should be referred to the District Office, 979-1876.

Course Description	Course #	Day	Time	Cost
First Choice				\$
Second Choice				\$
Third Choice:				\$
<p>A \$15 service charge will be levied on all returned checks, and cash payment will be required.</p> <p>Refund Policy: (1) Requests for refunds must be made 72 hours before the first session of the scheduled program, during normal business hours. (2) Each refund will be assessed a \$10 service charge, unless cancelled by KCRMD.</p>				

<p>My family and I hereby waive and release KCRMD and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator at KCRMD-sponsored activities.</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center;">Participants Signature Parent's signature required for children under 18 years of age.</p>	<p style="text-align: center; color: red;">Payment must accompany Registration. Make checks payable to KCRMD. I have a credit card # on file and give authorization to charge it:</p> <hr/> <p style="text-align: center;">Mandatory: ___/___/___ ___/___/___</p> <p style="text-align: center;">Last 4 digits on card Security Code</p> <hr/> <p style="text-align: center;">Signature</p> <p style="text-align: center;">Confirmation will be e-mailed. It is up to patron to confirm registration if email not received. Please check your junk folder.</p>
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