

## Information Sheet for Software System

**(All information is for Parks & Recreation use only)**

Family's Adult Main Contact: \_\_\_\_\_ Male/Female  
(Please list the person who does the majority of registrations.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Don't miss out on valuable information, make sure we have your E-mail address!**

E-mail Address: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Male/Female Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Male/Female Date of Birth: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Male/Female Date of Birth: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(other than parent/legal guardian or other household member)

Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(other than parent/legal guardian or other household member)

Adult/Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Child(ren's) Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_  
(Please give the name of the person this concerns.)



If you have a disability and need special accommodations to participate in any of the Department's programs for which you have registered, please notify us of that accommodation. Please specify accommodation: \_\_\_\_\_

**Please complete and return to: Parks & Recreation  
3200 Civic Center Circle NE, Rio Rancho, NM 87144 or Fax to 891-5205**