KEN-CARYL RANCH METROPOLITAN DISTRICT

RANCH HOUSE
7676 S. Continental Divide Road
Littleton, CO 80127
303.979.4070
Fax: 303.979.5347

Ken-Caryl Ranch Metropolitan District

COMMUNITY CENTER
1 Club Drive
Littleton, CO 80127
303.979.2233
Fax: 303.979.6501

Visit us at www.ken-carylranch.org

REGISTRATION FORM

DATE_____ ☐ KCR RESIDENT ☐ NON-RESIDENT
FAMILY NAME_____
STREET ADDRESS_____
CITY, STATE, ZIP_____
HOME PHONE_____ EMERGENCY PHONE_____

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, 303.979.4070. **PLEASE LET US KNOW IF YOU HAVE ANY SPECIAL NEEDS.**

PARTICIPANT NAME	SEX M	SEX F	BIRTHDATE	COURSE#	SESS #	ACTIVITY	LOC	DAY	TIME	FEE
										$
										$
										$
										$
										$
									Total Fees	$

A $15 service charge will be levied on all returned checks, and cash payment will be required.

REFUND POLICY: (1) Requests for refunds must be made 48 hours before the first session of the scheduled program during normal business hours at the Ranch House or Community Center. (2) Each refund will be assessed a $10 service charge, unless canceled by *KCRMD*.

My family and I hereby waive and release KCRMD, KCRMA and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator at KCRMD-sponsored activities.

_____
Participant's Signature
Parent's signature required for children under 18 years of age.

Make checks payable to KCRMD_____

VISA/MC/DISC No._____ Exp. Date_____

Cardholder's Name_____

Signature_____

REGISTRATION FORM CANNOT BE PROCESSED WITHOUT PARTICIPANT/PARENT SIGNATURE