



**City of Corvallis Parks & Recreation
Customer Account Creation Request**

For faster processing at all Corvallis Parks & Recreation sites (including the Corvallis Senior Center and the Osborn Aquatic Center), please provide the information requested below for each member of your household.

Adult/Parent/Guardian #1:

*First Name: _____ *Last Name: _____

*Home Address: _____

City _____ State: _____ ZIP: _____

Mailing Address (if different): _____

City _____ State: _____ ZIP: _____

*Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

*E-mail: _____

Your email will be used only by City of Corvallis Parks & Recreation. Your email will be kept strictly confidential and not sold to third party companies.

*Gender: _____ *Date of Birth: _____

*Emergency Contact Name: _____
(Should NOT be the Parent or Guardian)

Home Phone: _____ Cell Phone: _____

Adult/Parent/Guardian #2:

First Name: _____ Last Name: _____

Use same address as Adult/Parent/Guardian #1? Yes No
If no, list your alternate address:

Street address: _____

City _____ State: _____ ZIP: _____

*Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

E-mail: _____

Your email will be used only by City of Corvallis Parks & Recreation. Your email will be kept strictly confidential and not sold to third party companies.

*Gender: _____ *Date of Birth: _____

*Emergency Contact Name: _____
(Should NOT be the Parent or Guardian)

Home Phone: _____ Cell Phone: _____

You're First in Line When You Register Online!

Would you like us to create an online account for your family so you can register for activities, print class schedules, and access your family's account information from home, 24 hours a day, 7 days a week? Yes No

If yes, then:

- Your user name will be Adult/Parent/Guardian #1's e-mail address.
- You will receive a temporary password that you will have to change the first time you log in.

Security question: What is your favorite color? _____

If you have children in your household, please complete the other side of this form.

* = required

* = required

Information on Your Child(ren):

Please note: all updates regarding the children listed below will be sent to the address shown for Adult/Parent/Guardian #1

| | Full Name | Date of Birth | Age | Gender | Grade | Preferred Class Day and Time |
|---|------------------|----------------------|------------|---------------|--------------|------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |