



REGISTRATION FORM

Only One Household Allowed Per Registration Form

Household Information

Adults First Name		Adults Last Name	
Address		City	State Zip Code
Home Phone	Daytime Phone	E-mail Address	
Emergency Phone #1 (with name)		Emergency Phone #2 (with name)	

Participant Information

First Name	Last Name	Gender	Birth Date	Activity Name	Activity Number	Activity Date	Time	Fee
		M F						
		M F						
		M F						
		M F						
		M F						

Please make checks or money orders payable to: **CTPR (DO NOT SEND CASH)**

Total

Registration Check List

- _____ Include *TWO* Emergency Phone Numbers
- _____ Include *ALL* Participant's Birth Dates
- _____ Include Activity Numbers
- _____ Enclose Birth Certificate (if necessary)
- _____ Enclose Check, Money Order or Credit Card Info.
- _____ Sign Liability Waiver at the "X"

Credit Card Information

_____ Visa _____ M/C Exp. Date ____/____

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Credit Card Number

Signature

MEDICAL INFORMATION

Allergies the Recreation Department should be aware of: _____

_____ Check here if you have a disability and need accommodation in order to fully participate in any activity. Someone will contact you to discuss your specific needs

RELEASE INFORMATION

Please indicate how you would desire your child to exit CTPR _____ Allowed to come & go on his/her own _____ Release to parent, guardian or designated adult only

List names: _____

WAIVER OF LIABILITY, WARRANTY OF PHYSICAL HEALTH & PARENTAL CONSENT

We, being either the natural or adoptive parents or legal guardian for the individuals whose names are set forth on the registration form, represent and warrant that the child is physically healthy and able to participate in the activities for which the child is registered, acknowledging the full understanding of such activities and an opportunity to review with the Department any and all questions regarding such activities. We further represent that we have full authority on behalf of such child or children to consent to the child's participation and do consent to such participation. We acknowledge that participation in recreational activities carries the risk of serious injury or death from occurrences during activities, including, but not limited to; being struck by objects, slip, trip or fall, being injured by other participants, and other health hazards. We fully release and absolve from liability the Charter Township of Clinton, its employees, agents contractors and those in concert and participation with it from any and all liability, injury or damages on behalf of our child, and individually on behalf of ourselves. This release extends to personal and bodily injury, as well as property damage. The above includes a waiver of liability and should be read carefully and fully before signing. I the undersigner, hereby agree to allow the individual(s) named hereon to participate in the Charter Township of Clinton Parks and Recreation activities. I certify that, to the best of my knowledge, the participant(s) named hereon is/are physically fit and able to engage in Parks and Recreation activities. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant. I hereby authorize the Charter Township of Clinton Parks & Recreation Department to use all photos, both video and audio portion of video tapes on which I or my dependent appears. I understand that portions of these tapes may be used in other programs, training aids, and production at the discretion of the Township of Clinton Parks and Recreation.

X _____ Date _____

Call C.T.P.R. at (586) 286-9336 if you have any questions. Send the form to C.T.P.R., 40700 Romeo Plank Rd., Clinton Twp., 48038 or fax to (586) 723-8282; Make checks payable to: C.T.P.R.