

# Registration Form

GROSSE ILE RECREATION DEPARTMENT

please complete one form per family

Self or Adult Contact: \_\_\_\_\_ Res. \_\_\_\_\_ Non Res. \_\_\_\_\_  
LAST NAME FIRST NAME

HM PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS, CITY, STATE, ZIP \_\_\_\_\_

1) FIRST NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

1) CLASS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ FEE\_ \$ \_\_\_\_\_

2) CLASS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ FEE\_ \$ \_\_\_\_\_

2) FIRST NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

1) CLASS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ FEE\_ \$ \_\_\_\_\_

2) CLASS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ FEE\_ \$ \_\_\_\_\_

3) FIRST NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

1) CLASS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ FEE\_ \$ \_\_\_\_\_

2) CLASS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ FEE\_ \$ \_\_\_\_\_

4) FIRST NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

1) CLASS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ FEE\_ \$ \_\_\_\_\_

2) CLASS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ FEE\_ \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

List any allergies, medical conditions, chronic or recurring illnesses, and medications we may need to know about.

OFFICE USE: RECEIPT# \_\_\_\_\_ AMT. \_\_\_\_\_ METHOD \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_

The Recreation Department reserves the right to cancel or revise the time of a class or activity for which there are insufficient registrations; and to close a facility due to inclement weather, equipment failure, etc.

**WAIVER FOR PARTICIPATION:** On consideration of your acceptance of my or my child's registration in these programs, I do hereby, for myself, my child, my heirs, and personal representatives, waive release, and forever discharge any and all rights and claims for damages which I or my child may have or which the program will be held on its' or their respective officers, instructors, administrators, successors and/or assign for any and all damages which may be sustained or suffered by me or my child's connection with said association with these programs and my or my child's participation therein. Further, I claim that I am, or my child is, in good physical condition and neither I, nor my child have any disability or ailment that will prevent either of us from engaging in this activity.

Signature (required)

Date

Emergency contact

Phone #