

Activity Registration Form-NOT for LEAGUE Sports! *Fax it back to (248) 620-7454*

Independence Township Parks and Recreation-Creating community through people, parks and programs.

Please complete and mail with payment to: Independence Township Parks and Recreation, P. O. Box 69, Clarkston, MI 48347

Questions? Call (248) 625-8223

Family Name _____ E-Mail Address: _____

Address _____ City _____ Zip _____

Township _____ Home Phone _____ Parent Work Phone _____

Please let us know if any of the above information has changed so we can update our records. Thank you!

Participant's Name*	Age	Birth Date	Grade	School	Shirt Size	Activity Name/Session/Date/Time	Fee	
Payee Name: _____							Total Due	\$

* Do we have your child's birth certificate on file? If no, we need to see it to verify the child's age. Please read our Birth Certificate Policy.

PLEASE READ WAIVER AND SIGN FORM

The undersigned, on behalf of himself or herself, or as parent or guardian of such individual, assumes all responsibility for the above participant while enrolled in the activities sponsored by the Parks & Recreation Department of Independence Township and with the respect to any actions taken in pursuance of such activities either before or after the activity. Moreover, it is agreed that the Township of Independence and its several departments, officers, and employees shall not be liable nor responsible for any property damage and/or personal injury and/or other loss or damage suffered by the participant, on his or her own behalf, or as parent or guardian of participant, release and forever discharge each of such entities and persons from any and all actions, causes of actions, claims and demands with respect to any and all such damage, injury or loss. In the event of any injury, permission is hereby given to the Parks and Recreation Department, and to the Director of such department to see that first aid and medical attention are given to the participant, at the discretion of the Director of the Department, or his or her agent or employee in connection with the activity in question. The participant represents that he or she is in good physical condition and able to participate in the activity for which he or she is enrolling and the participant shall be responsible for his or her own health and acknowledges that the activity in which the participant is enrolling may be injurious, and participant accepts his or her risk with full knowledge that some athletic programs require the assistance of unscreened volunteer coaches. Photographs may be taken at certain Recreation Department activities, and, unless the department receives signed, written objections, photos may be reproduced for publication.

SIGNATURE (of PARENT or GUARDIAN if under 18)

DATE

Payment Method: Cash Check (Make Payable To Independence Township) Credit Card (Complete Information Below)

Please circle: VISA MC Credit Card # _____ Expiration Date _____

Name of Card _____ Cardholder Signature _____

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