# Class / Trip Registration Form

Head of Household (First & Last Name): _____ Date of Birth: _____ Male / Female

Address: _____ Apt #: _____

City: _____ Zip _____ Email: _____

Phone: (Primary)_____ (Secondary)_____ (Other)_____

Emergency Contact #1 (Req.)

Name: _____Relation: _____

Primary #: _____Alt. #: _____

Emergency Contact #2 (Req.)- Not living in household

Name: _____Relation: _____

Primary #: _____Alt. #: _____

For Special Recreation Participants: Participant's name: _____

Primary Disability: _____ Does the participant use a wheelchair? YES / NO

Shirt Size: (Needed for programs that include shirts or uniforms) _____

| Participants Name | DOB | M/F | Program Name & Activity Number | Fee |
|---|---|---|---|---|
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | Total Due | $ |

Payment Method: ☐ Cash ☐ Check payable to: Treasurer City Of Sterling Heights # _____ ☐Charge

Credit Card Info.

Visa/MC/Discover # _____+ 3 digit _____Exp. Date: _____

For Visa/MC/Discover charges please sign here: _____

DEPARTMENT OF PARKS AND RECREATION RELEASE, WAIVER AND PARTICIPATION AGREEMENT

In consideration of the City of Sterling Heights, City of Sterling Heights Department of Parks and Recreation ("City") allowing me to participate in the City programs, I agree to the following: (A) I assume all risks of injury and property damage and accept all responsibility in case of accidents, injury or death. (B) I release and agree not to sue the City, employees and others acting on its behalf, for any claim, damages, costs or cause or action which I may have or suffer or may in the future have or suffer as a result of any accident, injury including death or damages sustained or incurred while participating in any City program. (C) I also agree that in the event that my participation in the program is terminated, I will be responsible for my transportation expenses home.

I acknowledge I have read and understand the above release, waiver and participation agreement and agree to abide by its terms and conditions.

_____ _____ _____ _____

Participant or Parent/Guardian Signature Date Name (Print) DOB

☐ I do not wish to have pictures of myself, child, or legal guardian used for departmental use, including publications.

Mail form to: City of Sterling Heights Parks & Recreation, 40555 Utica Rd. PO Box 8009, Sterling Heights, MI 48311-8009. Credit card payments only can also be: fax: (586) 276-4064 OR scan & email to: recreation@sterling-heights.net.