

Dog Park Pass Application

For Office Use Only				
Pass Access #				

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. #: _____

To complete application you must also provide the following

- | | |
|--|--|
| <input checked="" type="checkbox"/> Photo ID verifying residency
<input checked="" type="checkbox"/> Proof/copy of current required vaccination | <input checked="" type="checkbox"/> Proof/copy of current dog license
<input checked="" type="checkbox"/> Initial Code of Conduct Form
<input checked="" type="checkbox"/> Payment |
|--|--|

Annual Fees and Park Hours:

<p> Resident: \$12.00</p> <p> Non-resident: \$24.00</p> <p> Purchase of Card: \$5.00</p>	<p> Senior Resident: \$10.00</p> <p> Senior Non-resident: \$20.00</p> <p> Purchase of Card: \$5.00</p>	<p> April – September: 7 a.m. - 10 p.m.</p> <p> October - March: 7 a.m. - 8 p.m.</p>
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Payment Method: Cash Check payable to: Treasurer City Of Sterling Heights # _____ Charge

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, its elected or appointed officials, 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.

Pass Holder Signature

Date

Name (Print)

DOB

Dog #1 Information					
Dog Name	Breed	Color	Age	Sex	Dog License # City & State
				M F	
<p>Spayed/Neutered</p> <p>Date: ___/___/___</p> <p>Rabies Expiration</p> <p>Date: ___/___/___</p> <p>Bordetella Expiration</p> <p>Date: ___/___/___</p>	AND	<p style="text-align: center;">Vaccine Expiration</p> <p>Distemper ___/___/___</p> <p>Hepatitis ___/___/___</p> <p>Parvovirus ___/___/___</p> <p>Parainfluenza ___/___/___</p>	OR	<p style="text-align: center;">Vaccine Expiration</p> <p>DHPP w/ Lepto ___/___/___</p> <p>_____</p> <p>DAPP w/ Lepto ___/___/___</p>	

Dog #2 Information					
Dog Name	Breed	Color	Age	Sex	Dog License # City & State
				M F	
<u>Spayed/Neutered</u> Date: ___/___/___	AND	<u>Vaccine</u> <u>Expiration</u>	OR	<u>Vaccine</u> <u>Expiration</u>	
<u>Rabies Expiration</u> Date: ___/___/___		Distemper ___/___/___		DHPP w/ Lepto ___/___/___	
<u>Bordetella Expiration</u> Date: ___/___/___		Hepatitis ___/___/___		_____	
		Parvovirus ___/___/___		DAPP w/ Lepto ___/___/___	
		Parainfluenza ___/___/___			

Dog #3 Information					
Dog Name	Breed	Color	Age	Sex	Dog License # City & State
				M F	
<u>Spayed/Neutered</u> Date: ___/___/___	AND	<u>Vaccine</u> <u>Expiration</u>	OR	<u>Vaccine</u> <u>Expiration</u>	
<u>Rabies Expiration</u> Date: ___/___/___		Distemper ___/___/___		DHPP w/ Lepto ___/___/___	
<u>Bordetella Expiration</u> Date: ___/___/___		Hepatitis ___/___/___		_____	
		Parvovirus ___/___/___		DAPP w/ Lepto ___/___/___	
		Parainfluenza ___/___/___			

Dog #4 Information					
Dog Name	Breed	Color	Age	Sex	Dog License # City & State
				M F	
<u>Spayed/Neutered</u> Date: ___/___/___	AND	<u>Vaccine</u> <u>Expiration</u>	OR	<u>Vaccine</u> <u>Expiration</u>	
<u>Rabies Expiration</u> Date: ___/___/___		Distemper ___/___/___		DHPP w/ Lepto ___/___/___	
<u>Bordetella Expiration</u> Date: ___/___/___		Hepatitis ___/___/___		_____	
		Parvovirus ___/___/___		DAPP w/ Lepto ___/___/___	
		Parainfluenza ___/___/___			