

PROGRAM REGISTRATION FORM

Mount Clemens Parks & Recreation

300 N. Groesbeck, Mount Clemens MI 48043

Phone: 586-469-6800 ext. 520

Email: abowers@mountclemens.gov

HEAD OF HOUSEHOLD

Last Name: _____ First Name: _____ Birthdate: _____ Gender: M / F

FAMILY INFORMATION

Address			
City		Zip Code	
Phone Number		Other Number	
E-Mail			
Emergency Contact Name		Emergency Phone Number	

OTHER FAMILY MEMBERS

1)	First Name	Last Name	Birthdate	Gender	School
2)					
3)					
4)					

REGISTRATION INFORMATION

Participant's Name	Program Number	Program Name	Fee

Total \$

WAIVER FOR PARTICIPATION: *The undersigned individual or parent/legal guardian, on his/her own behalf of any listed minor, does hereby represent that he/she is in fact acting and agrees to the extent permitted by law, to hold harmless and indemnify The City of Mount Clemens, its elected and appointed officials, employees, volunteers, and others working on behalf of The City of Mount Clemens against any and all claims, demands, suits, or loss including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from The City of Mount Clemens, its elected and appointed officials, employees, volunteers, and others working on behalf of The City of Mount Clemens, by reason of personal linjury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the above indicated activity. Additionally, I hereby authorize use of any photos, both video and audio portions of tape/film, which I or my dependent appear.*

Signature (Parent or legal guardian if under 18 years old)



Date