

REGISTRATION FORM

MAIL TO: Howell Area Parks and Recreation Authority - 925 Grand River Avenue, Howell, Michigan 48843
 Call: 517/546-0693 ext. 0
 or Register on-line at www.howellrecreation.org

PARTICIPANT NAME _____ DATE _____

PARENTS NAME (IF PARTICIPANT IS UNDER AGE 18) _____

ADDRESS _____

CITY/STATE/ZIP _____

TOWNSHIP: CITY OF HOWELL OCEOLA MARION GENOA OTHER _____

PLEASE CHECK

HOME PHONE(_____) _____ WORK PHONE(_____) _____

E-MAIL _____

BIRTH DATE _____ AGE _____ GRADE _____

PLEASE CIRCLE: FEMALE MALE T-SHIRT(IF APPLICABLE) YOUTH- S M L
 ADULT- S M L XL

<u>Class Number</u>	<u>Class Name</u>	<u>Fee</u>

Method of Payment: Cash Check Mastercard Visa Amer. Ex.

(Make checks payable to HOWELL RECREATION)

Credit Card # _____ Exp _____

Signature _____

I, hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Howell Area Parks & Recreation Authority, its directors, organizers, coaches, sponsors, manager, or any other appointed supervisor from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of the Howell Area Parks & Recreation Authority's equipment or facilities, including such claims which allege negligent acts or omissions of the Howell Area Parks & Recreation Authority, its directors, organizers, coaches, sponsors, managers, or any other appointed supervisor.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.

Signature of participant: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

I authorize the Howell Area Parks & Recreation Authority to use and reproduce any photographs, personal narrative, interviews, or audio and video recording of my/child's participation for any and all purposes.

I have read & agree to the refund/voucher, policy on pg. 53

Signature _____ Date: _____