

Child Participant

Participant Name _____

Date of Birth _____ Age _____

Grade _____ School _____

Program Name _____

Program Number (IF one listed) & Session _____

Adult Participant

Participant Name _____

Date of Birth _____ Age _____

Medical Conditions ? No Yes
(Please circle one)

IF yes. Please Explain:

Parent / Guardian (Contact) Information:

Name: _____ Email Address: _____

Address: _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

In the event of an emergency, should the above person listed not be available. Please list the name of the next emergency contact.

Name _____ Relationship: _____ Phone: _____

Payment Information / (IF different than above)

Payor Name _____ Email Address: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Payment Type: _____ CASH _____ CHECK

Please register as soon as possible to secure your place in a class. Registration will be taken until the day a program begins. However, if a class is on the verge of being cancelled due to low enrollment, it may be cancelled a few days before the scheduled start date. No phone registration will be taken. The hold harmless waiver must be signed and submitted. Refunds will be processed (upon request) up until the second class. A full refund will be given if the class is cancelled by the Recreation Department. Refunds may take up to two weeks to process.

Residency Defined: Anyone whose legal residence is within the City limits in the City of Big Rapids is considered a resident.

I, we the above named or the parent(s) of the above named, a candidate for a position in City of Big Rapids Recreation program, hereby releases the City of Big Rapids and any employee thereof, from all suits, claims and actions for damages of every name or description brought or claimed against it for or on account of any injury or damage to person or property received or sustained by any party or parties, by or from any of the acts or omissions or through the negligence of said individual/firm/organization/his/her/its agents or employees, which arise out of the circumstances of the recreational activity. I understand that photographs/video may be taken and approve of them being used for promotional reasons in various media areas. City of Big Rapids and the Recreation Department is not responsible for lost/damaged/stolen personal items.

Parent's / Legal Guardian's or Participant Signature _____ Date _____