

# City of Romulus Parks & Recreation



## Registration Form



Recreation Department 11111 Wayne Rd, Romulus, MI 48174. Phone (734) 941-8665

Participant name:		Male or Female:	
Address:			
City:	State:	Zip:	
Participant Date of Birth:	Age Today:	Shirt Size: YS YM YL AS AM AL AXL AXXL	
Parent/Guardian Name:		May also be released to:	
Email Address: (Required)			
Primary Phone:		Alternate Phone:	
Allergies/Health Problems, past or present:			
Emergency Contact:			

Activity Title/Session	Time/Location	Fee

### Waiver, Release of Liability & Indemnity Agreement

In consideration of my or my child's acceptance of my or my child's registration in the above program(s) do I hereby, for myself or my child, my heirs, executors and administrators, waive release and forever discharge any and all rights and claims for damages which I or my child may have or which hereafter accrue to me or my child against all municipalities special districts, and properties through which the program(s) will be held or its respective officers, instructors, administrators, successors, and/or assigns for any and all damages which may be sustained or suffered by me or my child in connection with my said participation in the above program(s). I further represent that I or my child are in good physical condition and have no disability or ailment that will prevent me or my child from engaging in the activity for which I am registered.

**Our Photo Policy:** Enrollment in Parks and Recreation Department sponsored programs authorize Romulus Parks and Recreation, its departments, employees and contractors to take your or your child's photograph for use in future brochures, flyers, documents, displays, and other publications, website and on social networking websites. Parks and Recreation will not sell, use or authorize others to use such photographs for commercial purposes. \_\_\_\_\_ **Please Initial**

I, the undersigned parent or legal guardian of the child shown below, have read the above Waiver, Release and Indemnity Agreement and agree to its terms on behalf of my child and myself. I understand that by signing below, I am giving up substantial rights on behalf of my child and myself.

\_\_\_\_\_  
 Child's Name (Printed)                      Date                      Signature of Parent/Legal Guardian                      Date

No class confirmations are mailed out. You will only be notified if your class is cancelled. Proper fees must be enclosed for valid registration. No class or program openings will be held or saved for persons registering without payment. Registrations are taken on a first come, first serve basis. Mail-in registrations must be received at least one (1) week prior to the beginning of class. Check or money order is accepted. Nominal fee will be charged for credit card use. Checks can be made out to the City of Romulus.