

# REGISTRATION/WAIVER FORM

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt #** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Sex:** *M* *F*

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **School:** \_\_\_\_\_ **E-mail :** \_\_\_\_\_

**Primary Phone #:( )** \_\_\_\_\_ **Secondary Phone #:( )** \_\_\_\_\_

**Any medical conditions the instructor or coach should be aware of:** \_\_\_\_\_

CLASS NAME	CODE NUMBER	FEE
	# _____	\$ _____
	# _____	\$ _____
	# _____	\$ _____

**Please make checks payable to: S.L. REC. \*DO NOT MAIL CASH\***

**Total Fee:** \$ \_\_\_\_\_

**PARTICIPANT SHIRT SIZE:**    **YS**   **YM**   **YL**   **AS**   **AM**   **AL**   **AXL**

**How many seasons has your child played this sport?**    **0-1**    **2**    **3**    **3+**

**Credit Card Use Only**    There is a non-refundable \$4 convenience fee whenever you use Discover/Visa/Mastercard/American Express. However, the convenience fee will be fully refunded if a class is cancelled by SLARA.

**Credit Card#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    **Exp. Date:** \_\_\_\_\_    **CVV code:** \_\_\_\_\_

**Name on card (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**PLEASE READ AND SIGN WAIVER FOR PARTICIPATION:**

*In consideration for the foregoing, I for myself, my child , my executors, administrators, and assignees, do hereby release and discharge SLARA, all sponsors, coordinating groups, volunteers, and any individuals associated with the event, for all claim or damages, demands, actions whatsoever in manner arising or growing out of my or my child's participation in said event. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. South Lyon Area Recreation Authority will not provide health and/or accident insurance for program participants. I hereby grant permission for SLARA to use myself or my child's photograph, videotape or film to publicize activities and programs.*

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_  
 (Participant or Parent/Guardian if participant is under 18 years old)

**Mail registration with payment to:**    **Hours: Mon-Fri 8:00am—4:00pm**  
 South Lyon Area Recreation    **Phone: 248.437.8105**  
 23333 Griswold, Suite 100    **Fax: 248.437.4324**  
 South Lyon, MI 48178    **Website: www.slrec.net**

**VOLUNTEER COACH/ASSISTANT COACH**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_ **Secondary #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Coach to be placed with:** \_\_\_\_\_

**By signing this waiver you are allowing South Lyon Area Recreation Authority to conduct a standard State of Michigan I-Chat System background check on yourself.**

**If you are registering by mail, drop box or fax and you do not receive a confirmation of your registration via email, please call the office to confirm your registration. Do not mail cash.**