

REGISTRATION FORM

Participant's Name _____ Male / Female Age _____ Birthdate ____/____/____

Address _____ Apt. _____ City _____ Zip _____

Phone: Home _____ Work/Emergency _____ Cell _____

School _____ Grade _____ e.mail* _____

*** THIS INFORMATION IS FOR OUR RECORDS ONLY AND WILL NOT BE SHARED***

***Does the Child have a special need or medical information the Kentwood Parks and Recreation Department should be aware of? Yes _____ No _____

If yes, please request and complete a Participant Health Form and return before program begins.

Code #	Program	Day/Date/Session	Fee

Would you like to contribute \$1 to our Sponsorship Fund for Children of low income families? #901058A + \$ _____

TOTAL \$ _____

100% SATISFACTION GUARANTEED. If you are not completely satisfied with any program you are registered for and you have attended at least two classes of the program, we will issue you a complete credit, which can be used toward the registration of a future program.

REFUND POLICY: Full refunds will be given if a class/program is canceled by the Kentwood Parks and Recreation Department due to low enrollments or conflicts. If you have registered for a program and decide you cannot attend prior to the starting date, you will be issued a refund, less a \$5 administration fee. If you cancel after the program has begun and prior to the third scheduled class, you will receive a pro-rated refund less a \$5 administration fee. The \$5 administration fee will be waived if the participant decides to take a household credit instead of a cash refund. **The above refund procedure does not pertain to Sport Leagues and Team registrations.**

WAIVER, RELEASE OF LIABILITY, AND CONSENT: This waiver, release of liability, and consent is given by the undersigned participant on his or her own behalf if 18 years of age or older, or given by the undersigned parent or legal guardian of the minor participant, in which case this release and waiver is made both on behalf of such minor and for such parent or legal guardian.

This waiver, release of liability, and consent is voluntarily given by the undersigned to allow the participant to participate in the recreational activities offered by the City of Kentwood or the Kentwood Parks and Recreation Department (either the "City").

I realize that I am not obligated to sign this form and may simply forego participation in such activities. Notwithstanding that fact, I wish to participate, and I therefore expressly assume the risk of injury or harm in participating in the activities. *I voluntarily and freely waive and release, and hold harmless the City and its officials, agents, contractors, volunteers, and employees from any and all liability, claims, and demands of whatever kind or nature, including injury however severe, to the participant or the participant's property, in any way arising from participation in the activities. I acknowledge that the activities may be inherently dangerous or ultra-hazardous and that injuries may occur by participating in the activities.*

I authorize the City to allow emergency medical treatment to be administered to the participant. I confirm that the participant is covered by a family health insurance plan. If the participant is not covered, or to the extent coverage is limited, I assume all financial responsibility for any injuries to the participant and all related costs, claims, or other liability.

Furthermore, I authorize the City to use photographs of the participant for its own advantage, including but not limited to, reproducing photographs of the participant in brochures and other publicly distributed promotional literature. I acknowledge and agree that neither I nor the participants are entitled to any compensation for any use of the photographs.

Signature of Parent / Adult _____

Print First & Last Name _____