

Participant's Name: _____

Parent's Name: _____

Address: _____ Phone: _____

City: _____ Zip: _____ Age, if under 18: _____

Email Address (recreation brochure will be sent out electronically): _____

Health conditions, allergies, special precautions, necessary accommodations, or anything staff should be aware of (such as wheelchair use, seizures, diabetes, etc.): _____

In case of Emergency - person should be available during program hours.

Name

Relationship

Phone

ACTIVITY

DATE/TIME

FEE

_____	_____	_____
_____	_____	_____
_____	_____	_____

OF CLASSES: _____ **AMOUNT PAID:** _____ **RECEIPT #:** _____

I hereby accept all responsibility for and will not hold the Charter Township of Van Buren, Van Buren Township Board of Trustees and/or Van Buren Parks and Recreation Department or its employees liable for any loss, damage, or injury to property or any person as a result of involvement in Van Buren Township's recreation classes or programs.

In the event of sudden illness, accident, or injury which may occur while my self or my child is participating in an activity supervised by Van Buren Township employees, when neither the parents or guardians can be contacted, I hereby give my consent for emergency medical treatment as shall be necessary under the circumstances by a physician licensed under the laws of the State of Michigan.

I understand that the Township may take photographs for use in Township publications and news releases without my written consent. It is my intention that this release be as broad as Michigan Law allows releases to be. I understand that, without this document, the cost of participation would be necessarily greater, and I also acknowledge that I may obtain insurance to protect myself if I so choose.

Signature: (Parent or Guardian, if not over 18)

Date

Please mail to: Van Buren Recreation Department, 46425 Tyler Road, Van Buren Twp, MI 48111