MTPR PROGRAM REGISTRATION FORM

Register by mail or in person: Parks & Recreation Office 20699 Macomb Street • Macomb, MI 48042 (Off Broughton Road, south of 25 Mile Road)

Family Name (List parent's name if participant is under 18 years of age.) Address Home Phone () Email Address Emergency Phone ()				First Na	First Name					
				City _	City Zip					
				Work P	Work Phone ()					
					Member Y or N #* Staff Verify					
				Emergency Contact Name(s)						
Participant's Name Birthda (Last/First) (mm/dd/		M/F	Activity Name		Activity Number		Times	Resident Fee	Non-Res. Fee	
*Children age 4 and over must h	have a membership	o to receive (discount.		S	UBTOTAL \$				
T-SHIRT ORDER Special Needs: AS (adult small) AM (adult medium) AL (adult large) AXL (adult extra large)				HOUSEHOLD CREDIT \$ TOTAL \$ Please make check or money order payable to "Macomb Township Treasurer". Please do not mail cash. Please include the driver's license number of the person signing the check.						
Macomb Township Release Ag	reement - In consid		ing permitt	ed to particip	ate in the townsh	ip activity or u	se of any facili	ties in connecti	on with this	
activity, the undersigned agrees 1. The undersigned hereby rele "releasees") from all liability account of injury to the pers dersigned is participating in 2. The undersigned hereby agree	ases, waives, disch to the undersigned on or property of th the Township activit	his or her per ne undersigne ry or using an	sonal repre d whether y facility in	esentatives, a caused by ar connection v	ssigns, heirs, and ny negligent act o vith the activity.	d next of kin fo or omission of	r any loss, dan the releasees	nage, or claim t or otherwise w	therefore on thile the un-	
torney fees (including attorne by any negligent act or omis	ey fees to establish the sion of the releasees	ne releasee's r s or otherwis	ight to inde e.	mnify or incu	rred on appeal) r	esulting from ir	nvolvement in t	his activity whe	ther caused	
The undersigned hereby ass the activity or using any facil	lities and equipment	whether cau	sed by any	negligent act	or omission of r	eleasees or oth	nerwise.			
The undersigned expressly agre as permitted by Michigan law a									nd inclusive	
I acknowledge that I have read t ship or its employees, agents, or representations; statements or	or officers if I am in	jured or dama								
If the participants are minors, guardian or custodial parent o the foregoing agreement.										
Signature	Signature Print N			Name _	ame Date					
Office Use Only Staff I	nitials	Paid hy	check ±		Paid by ca	ish	Paid by	Credit Card	I	