

Registration Form



Primary Guardian(s) _____
 Email _____
 Address (required) _____
 City _____ State _____ Zip Code _____
 Home Phone (____) _____
 Work Phone (____) _____ Ext. _____
 Emergency Phone (____) _____
 Cell Phone (____) _____

Secondary Guardian _____
 Email _____
 Address (required) _____
 City _____ State _____ Zip Code _____
 Home Phone (____) _____
 Work Phone (____) _____ Ext. _____
 Emergency Phone (____) _____
 Cell Phone (____) _____

I reside within the City Limits

I do not reside within the City Limits

Where did you hear about the program for which you are registering? _____

Recreation Scholarships

The MPPR Scholarship Fund guarantees youth the opportunity to participate in activities and programs. Families with certain economic restrictions are eligible to receive financial assistance through the MPPR Youth Scholarship Fund. The intent of the scholarship fund is to offer assistance to youth wanting to participate in recreational opportunities who may not otherwise have the means. Scholarship assistance is limited to existing funds on a first come, first served basis and is available to youth, ages 17 and under, that **are residents of the City of Mt. Pleasant**. For more information or to apply, contact the Parks and Recreation office at 989-779-5331 or visit www.mt-pleasant.org/recreation.

Participant Full Name	M/F	Current Grade (2018-19)	(mm/dd/yy) Date of Birth	School	Activity Code	(+) Resident Fee	(+) Non-Resident Fee	(-) Early Discount	Activity Total	
<i>Make checks payable to: Mt. Pleasant Parks & Recreation</i>									TOTAL DUE	\$
Please circle the days that you cannot practice (Athletic Leagues Only): M T W R										
Help keep the price of programs affordable. T-shirt size examples are available at the Parks & Recreation Office. When in doubt order a larger size. Circle T-shirt size (Athletic Leagues Only):										
Youth Small 6-8	Youth Medium 10-12	Youth Large 14-16	Youth Extra Large 18-20	Adult Small	Adult Medium	Other:				
Office Use	Cash/Check # _____			Receipt Book # _____			RecTrac Receipt # _____			

Known special needs and/or allergies (specify participant's name): _____
 Persons with disabilities needing assistance to participate may call the Parks and Recreation office at 989-779-5331. A seven day advance notice may be necessary for accommodation. Persons requiring speech or hearing assistance may contact the City through the Michigan Relay Center at 1-800-649-3777.

LIABILITY WAIVER

I/we, the undersigned, do hereby agree to allow the above-named to participate in the activity indicated. I am/we are aware of and understand there may be potential risks inherent with participating in any recreation activity, and that the City of Mt. Pleasant does not provide accident insurance. I/we assume all risks and hazards incidental to such participation, including transportation to and from the activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless Mt. Pleasant Parks and Recreation, its officers, staff, and their agents for all claims, injuries, liabilities, damages or right of action directly or indirectly arising out of use of Mt. Pleasant Parks and Recreation facilities, equipment and/or participation in Mt. Pleasant Parks and Recreation activities. In the event of an emergency, I authorize Mt. Pleasant Parks and Recreation staff to obtain medical treatment for the above-named participants. I/we also waive any rights/damages that may occur in result of photographs/videos of the events/activities offered through this department. All classes and activities cancelled by Mt. Pleasant Parks & Recreation before the start of a program will be refunded in full. Participants requesting a refund before the start of a program are entitled to a refund less an \$8 service fee. No refunds are available once a program has begun, unless injury occurs. As a Mt. Pleasant Parks and Recreation program participant, you will automatically be subscribed to our monthly electronic newsletter, *Leisure Link*. If you choose not to receive this e-newsletter, please unsubscribe when you receive your first *Leisure Link*.

Participant/Parent/Guardian Signature (REQUIRED) _____ Print Name _____ Date _____
 Return To: Mt. Pleasant Parks & Recreation, 320 W. Broadway, Mt. Pleasant, Mi 48858