



**City of Clare, Parks and Recreation Department
Activity Registration Form**

RETURN FORM TO: City of Clare Parks and Recreation, 202 W. Fifth Street, Clare, MI 48617

Participants Name _____ Male _____ Female _____

Parent/Guardian Name (If participant is under 18 years of age) _____

Address _____ Apt. _____ City _____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

Email _____ Tee size _____

I would like to receive special email updates about parks and recreation programs for ages (please circle): Youth, Teen, Adult, Senior, All, None

Date of Birth ____ / ____ / ____ Age _____ Grade in Fall _____ School _____

Medical conditions or special needs we should be aware of _____

In case of emergency contact _____ at _____
(Name and Relationship)

Activity Name	Date(s)	Fee

Total Amount Due \$ _____

- Check here if you need to be contacted regarding ADA accommodations.
- Check here if you would like to be a volunteer.

**Make checks payable to the City of Clare. Please do not send cash.*

RELEASE OF ALL CLAIMS

I, _____ of _____ agrees as follows:
Participant or Parent/Guardian Minor Child/Children (If applicable)

In return for the City of Clare permitting participation by the minor child I have listed above in a recreation program or event sponsored by the City, do for myself, the minor, all our heirs, executors, administrators and assigns, do release and forever discharge the City and its assigns from any and all actions, causes of action, damages or demands of whatever name or nature arising or to grow out of any and all accidents or matters related to the recreational program or event located in the City of Clare. I will indemnify and hold the City harmless for any injury or other damages or claims related to or caused by my participation or the minor listed above participation in the recreational program or event sponsored by the City.

I hereby specifically grant permission for the use of all photographs to the City, to use all photographs it, or its affiliates, may take of the participants in the recreational program or event without further permission or contact with me. Any photographs taken of the recreational activities and the participants will remain the property of the City of Clare for use by the City as it deems best, with no compensation to me or the minor child I have listed above.

Signature _____ Date _____
(Participant or Parent/Guardian Signature)

Office Use Only: Amount _____ Receipt # _____ Cash _____ Ck# _____ Date _____ Staff _____