



RECREATION REGISTRATION FORM

One form per participant - Must be filled out completely

PARTICIPANT NAME (Last, First)

STREET ADDRESS	HOME PHONE	SCHOOL
CITY, ZIP CODE	ALTERNATE PHONE (Name)	GRADE (2007/2008)
PARENT/GUARDIAN		AGE
MEDICAL CONDITIONS - MEDICATIONS TAKEN - ALLERGIES		

"RESIDENT" Lives within the boundries and pays property taxes to "CITY OF GRAND LEDGE"
 Please make checks payable to: CITY OF GRAND LEDGE

	**RESIDENT	NON RESIDENT	AMOUNT DUE
FLAG FOOTBALL	\$30	\$40	\$

INCLUDES T-SHIRT...SIZE (CIRCLE ONE): YOUTH XSM SM MED LG ADULT SM MED LG

SPECIAL REQUESTS (Ride share info, etc. Cannot be guaranteed):
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PARENTAL WAIVER AGREEMENT
I understand that the City of Grand Ledge Recreation Department, Program Coordinators, Coaches and Officials are in no way responsible for any injury that may be incurred by my child while participating in this program and agree to hold the above harmless for injury and damages in return for such participation.
SIGNATURE: _____
DATE: _____

VOLUNTEER COACH INFORMATION
NAME: _____
<input type="checkbox"/> COACH
<input type="checkbox"/> ASSIST _____
PHONE: _____
EMAIL: _____

OFFICE USE ONLY				
CASH AMT	CHECK AMT	CHECK #	RECEIPT #	COLLECTED BY