



RECREATION REGISTRATION FORM

One form per participant - Must be filled out completely

PARTICIPANT NAME (Last, First)

STREET ADDRESS	CITY, ZIP CODE	CONTACT PHONE
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PARENT/GUARDIAN	CELL	EMAIL
1 _____	1 _____	1 _____
2 _____	2 _____	2 _____

SCHOOL	GRADE	MEDICAL CONCERNS/ALLERGIES/MEDICATIONS TAKEN
SPECIAL REQUESTS (CANNOT BE GUARANTEED)		

**RESIDENT PAYS PROPERTY TAXES TO "CITY OF GRAND LEDGE"	**RESIDENT	NON RESIDENT	AMOUNT DUE-PAYABLE TO: CITY OF GRAND LEDGE
WINTER BASKETBALL	\$35	\$45	\$

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: _____

PHONE: _____

EMAIL: _____

COACH **ASSIST**

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

FOR INFORMATION CALL (COACH TONY SWEET): 517-627-4363