

Registration Form

Parent Last Name _____ Parent First Name _____

Home Phone _____ Cell/Other Phone _____

Email _____ Date of Birth _____

Address _____ City _____ Zip _____

Residency: City of DeWitt DeWitt Township Other

Yes! I want to volunteer coach! I will be a Head Coach Assistant Coach Either. My preferred practice night is: M T W R F

*A mandatory criminal background check is done on all coaches once per year.

Participant Name	Gender	Date of Birth	Grade	Course Title	Practices (Choose one night that does <i>not</i> work for your family. All other requests cannot be guaranteed.)	T-Shirt Size (T-shirts are not provided for all programs.)	Fee
					M T W R F	YS YM YL AS AM AL XL XXL	
					M T W R F	YS YM YL AS AM AL XL XXL	
					M T W R F	YS YM YL AS AM AL XL XXL	

Course Fees \$ _____ + Donation to DARA Scholarship Fund (Optional) \$1 \$2 \$5 = Total Amount Due: \$ _____

Cash Check # _____ Credit Card: Visa/MasterCard # _____ - _____ - _____ Exp. Date _____ / _____

Participants with special needs or medical information that DARA should be aware of must complete a Participant Health Form and return to DARA two weeks prior to program start. Contact DARA or visit www.dewittrecreation.org for more information.

Release of Liability

In order for your child to participate, you must read and sign the following:

Waiver and Release to Hold Harmless Agreement

For consideration of certain services provided by the DeWitt Area Recreation Authority/City of DeWitt/DeWitt Township and the use of the facilities and fields for the City of DeWitt/DeWitt Township for scheduled or unscheduled recreational events to be held, the undersigned as a participant and/or parent/guardian of a minor participant, hereby waives, releases, forever discharges and holds harmless the DeWitt Area Recreation Authority/City of DeWitt/DeWitt Township and their respective Councils, Boards, Committees, Commissions, Officers, all parties involved, Employees and Representatives and their Events Coordinator from any and all claims, actions, causes of action, demands, rights, damages, costs, expenses and compensation whatsoever, for bodily injury and/or property damage, or other loss which may hereafter accrue to the undersigned, including claims for injury to any minor child or children of the undersigned participating in the events, arising out of such recreational events or activities related thereto, whether on or off the premises. I also understand that any activity or event has possible inherent dangers and present the possibility of injury.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Consent to Photograph/Videotape and Disseminate Without Compensation

I hereby consent for my child to be photographed/videotaped while participating in any activity offered by the DeWitt Area Recreation Authority (DARA). In addition, I consent to the reproduction and use of any such photographs and videotapes by DARA for educational, informational, public relations and promotional purposes and I waive any claim by myself, the above named minor child, or anyone claiming under or through us, for compensation of any kind in exchange for such photographs, videotapes and use.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Register online at www.dewittrecreation.org, or at one of the following locations:

DARA-Mailing Address	DARA-Physical Address	DeWitt Township-Drop-off	City of DeWitt-Drop-off
1401 W. Herbison Rd.	16101 Brook Rd.	1401 W. Herbison Rd.	414 East Main St.
DeWitt, MI 48820	Lansing, MI 48906	DeWitt, MI 48820	DeWitt, MI 48820
Phone: 482-5117	Fax: 482-1293	Phone: 668-0270	Phone: 669-2441

Checks made payable to DARA . Returned check fees may apply. *Become a fan of DARA at <http://www.facebook.com/dararecreation!>*