

### 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<br><small>(Choose one night that does <i>not</i> work for your family. All other requests cannot be guaranteed.)</small> | T-Shirt Size<br><small>(T-shirts are not provided for all programs.)</small> | Fee |
|------------------|--------|---------------|-------|--------------|--|--|-----|
|                  |        |               |       |              | M T W R F  | YS YM YL<br>AS AM AL XL XXL  |     |
|                  |        |               |       |              | M T W R F  | YS YM YL<br>AS AM AL XL XXL  |     |
|                  |        |               |       |              | M T W R F  | YS YM YL<br>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](http://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](http://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 8820         |
| 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!>*