

**REGISTRATION/WAIVER FORM
REGISTRATION FOR GENERAL CLASSES**

Student Name: _____ Birth Date: _____

Address: _____ Apt# _____ Grade: _____ Sex: M F

City: _____ Zip: _____ School: _____ E-mail: _____

Primary Phone #:(_____) _____ Secondary Phone #:(_____) _____

Any medical conditions the instructor or coach should be aware of: _____

CLASS NAME	CODE NUMBER	FEE
	# _____	\$ _____
	# _____	\$ _____
	# _____	\$ _____
	# _____	\$ _____
	# _____	\$ _____
Please make checks payable to: SLREC		Total Fee: \$ _____

Credit Card Use Only

Visa/MC#: _____ - _____ - _____ - _____ Exp. Date: _____ CVVcode: _____

Name on card (print): _____

Signature: _____ Date: _____

PLEASE READ AND SIGN WAIVER FOR PARTICPATION:

In consideration for the foregoing, I for myself, my child , my executors, administrators, and assignees, do hereby release and discharge SLARA, all sponsors, coordinating groups, volunteers, and any individuals associated with the event, for all claim or damages, demands, actions whatsoever in manner arising or growing out of my or my child's participation in said event. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. South Lyon Area Recreation Authority will not provide health and/or accident insurance for program participants. I hereby grant permission for SLARA to use myself or my child's photograph, videotape or film to publicize activities and programs.

Signature: _____ Date: _____

Mail registrations with payment to:

South Lyon Area Recreation **Hours: Mon-Fri 8:30am—4:30pm**
 318 West Lake Street **Closed Daily 12:00pm—1:00pm**
 South Lyon, MI 48178 **Phone: (248) 437-8105 / Fax (248) 437-4324**