



City of Caro • Department of Parks & Recreation
317 S. State St., Caro, MI 48723 • (989) 673-2549
www.carocity.net • carorecreation@centurytel.net

ACTIVITY REGISTRATION FORM *(Please print and fill out completely)*

Participant's Name _____ Male Female

Shirt Size: Youth: S M L Adult: S M L XL XXL (+2.00) XXXL (+2.50)

Parent/Guardian Name (If participant is under 18 years of age) _____

Address _____ Apt. _____ City _____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

Email _____

Date of Birth ____ / ____ / ____ Age ____ Grade ____ School _____

Medical conditions or special needs we should be aware of _____

Physician _____ Physician's Phone _____

Emergency contact _____ at _____
 (Name and Relationship) (Please provide two phone numbers)

Activity Name	Date(s)	Time	Location	Fee
TOTAL				\$

Mail or deliver to: **Caro Parks & Recreation, 317 S. State St., Caro, MI 48723**
***Make checks payable to: City of Caro.**

Liability Release
 In consideration of the acceptance of my application for any City of Caro programs/activities, I hereby waive, release, and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said program(s). It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Parent/Guardian Consent (To be completed for participants under 18 years of age)
 I give my consent for my son/daughter, _____, to participate in City of Caro camps/classes/activities, and I execute the above liability release on his/her behalf.

Consent to Treat
 I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in City of Caro Recreation Department activities. It is understood that the City of Caro provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed above, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.
 _____ If you do **NOT** give your consent to treat and request medical or surgical services be withheld, please initial on the line at left.

Consent to Photograph
 I hereby specifically grant permission for the use of all photographs to the City, to use all photographs it, or its affiliates, may take of the participants in the recreational program or event without further permission or contact with me. Any photographs taken of the recreational activities and the participants will remain the property of the City of Caro for use by the City as it deems best, with no compensation to me or the minor child I have listed above.

X _____
 Signature (Parent/guardian, if participant is under 18) Date _____

Office Use Only: Amount _____ Cash _____ Ck# _____ Date _____ Staff _____