

# MTPR PROGRAM REGISTRATION FORM

Register by mail or in person: Parks & Recreation Office  
20699 Macomb Street • Macomb, MI 48042  
(Off Broughton Road, south of 25 Mile Road)

**Family Name** \_\_\_\_\_ **First Name** \_\_\_\_\_  
*(List parent's name if participant is under 18 years of age.)*

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Work Phone** (\_\_\_\_) \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Member Y or N #** \_\_\_\_\_ \* **Staff Verify** \_\_\_\_\_

**Emergency Phone** (\_\_\_\_) \_\_\_\_\_ **Emergency Contact Name(s)** \_\_\_\_\_

Participant's Name (Last/First)	Birthdate (mm/dd/yy)	M/F	Activity Name	Activity Number	Days	Times	Resident Fee	Non-Res. Fee
			Eastside Lacrosse Intro Youth Camp	215101-A	We	5:30-6:30	\$115.00	\$125.00

\*Children age 4 and over must have a membership to receive discount.

<b>T-SHIRT ORDER</b>	
<input type="checkbox"/> YS (youth small) 6-8	<input type="checkbox"/> AS (adult small)
<input type="checkbox"/> YM (youth medium) 10-12	<input type="checkbox"/> AM (adult medium)
<input type="checkbox"/> YL (youth large) 14-16	<input type="checkbox"/> AL (adult large)
	<input type="checkbox"/> AXL (adult extra large)

**SUBTOTAL \$** \_\_\_\_\_

**HOUSEHOLD CREDIT \$** \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

*Please make check or money order payable to  
"Macomb Township Treasurer". Please do not mail cash.  
Please include the driver's license number of the person signing the check.*

**Special Needs:** \_\_\_\_\_

**Macomb Township Release Agreement** - In consideration of being permitted to participate in the township activity or use of any facilities in connection with this activity, the undersigned agrees to the following:

- The undersigned hereby releases, waives, discharges and covenants not to sue Macomb Township, it's employees, officers and agents (herein referred to as "releasees") from all liability to the undersigned his or her personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned whether caused by any negligent act or omission of the releasees or otherwise while the undersigned is participating in the Township activity or using any facility in connection with the activity.
- The undersigned hereby agrees to indemnify and hold harmless the releases from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the releasee's right to indemnify or incurred on appeal) resulting from involvement in this activity whether caused by any negligent act or omission of the releasees or otherwise.
- The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage while upon Township property or participating in the activity or using any facilities and equipment whether caused by any negligent act or omission of releasees or otherwise.

The undersigned expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by Michigan law and that if any portion thereof be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

I acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement, including that it prevents me from suing the Township or its employees, agents, or officers if I am injured or damaged for any reason as a result of participation in this activity. I further acknowledge that no oral representations; statements or inducements have been made.

If the participants are minors, his or her custodial parent or legal guardian must read and execute this agreement: I hereby warrant that I am the legal guardian or custodial parent of the above listed persons who are minors, and agree, on my own and on said minor's behalf to the terms and conditions of the foregoing agreement.

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use Only**    **Staff Initials** \_\_\_\_\_    **Paid by check #** \_\_\_\_\_    **Paid by cash** \_\_\_\_\_    **Paid by Credit Card** \_\_\_\_\_