

Registration Form

Participant Name	Date of Birth	Age	M/F	Class Name	Day/Time	Cost

Yes! I wish to donate to the Youth Scholarship Program in the amount of _____
 Total Amount Due Today _____

Household Information (Primary contact person must be at least 18 years old)

First Name: _____ Last Name: _____
 Date of Birth: _____ Age: _____ Gender: Male Female
 Primary Phone: _____ Other Phone: _____
 Email Address: _____
 Home Address: _____ City: _____
 State: _____ Zip Code: _____ Property Taxes Paid to: _____

Byron Township Recreation Waiver & Release: MUST READ WAIVER AND SIGN BELOW

I understand all the information given above is correct and I grant permission to Byron Township Recreation employees to submit the credit card transaction that was given over the phone, fax or via email for this registration. I know that participating in the program named above is a potentially hazardous activity. I should not register and/or participate unless I am medically and physically able. I assume all risks associated with participating in the program above including, but not limited to falls, contact with other participants, and the effects of the weather, waive and release Byron Township, any and all partners, sponsors, officials, volunteers, instructors, coaches, and their representatives and successors from all claims or liabilities of any kind arising out of my participation in the program above, even though that liability may rise out of negligence or carelessness on the part of the person's named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of me for any legitimate purpose.

IF PARTICIPANT IS UNDER 18: This is to certify that I acknowledge and agree to the above for my son/daughter/ward, and that my son/daughter/ward has my permission to participate in the program above, is in good medical and physical condition, and that Recreation employees, volunteers, officials, instructors, and/or coaches have my permission to authorize emergency medical treatment if necessary.

PHOTOS: I grant permission to all of the aforementioned to use any photographs, motion pictures, recordings, or any other record of my child for any legitimate purpose.

 _____
 Signature (must be over 18 to sign) Printed Name Date

Payment Options: In Person Phone (878.1998) Fax (583.1220) Mail (2120 76th St, Byron Center)
Make checks payable to "Byron Township" or for fax or mail, please fill out your credit card (Visa, MasterCard, Discover) information.
 Check Visa MasterCard Discover

Name on the card: _____ Signature: _____
 Card Number: _____ Expiration Date: _____