

**1. ADULT PARTICIPANT OR PARENT/GUARDIAN INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

New Address? Street Address, City, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: (must be different from parent/guardian listed)

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**2. PLEASE INDICATE YOUR FAMILY'S REGISTRATION INFORMATION BELOW**

Participant's First Name	Participant's Last Name	M/F	D.O.B	Activity Name	Day(s)/Session (If Applicable)	Time	Fee
1.					M T W T H F Session I Session II	am pm	\$
2.					M T W T H F Session I Session II	am pm	\$
3.					M T W T H F Session I Session II	am pm	\$
4.					M T W T H F Session I Session II	am pm	\$
5.					M T W T H F Session I Session II	am pm	\$
<b>Total Amount of Fees</b>							\$

**3. PLEASE INDICATE ANY MEDICAL OR SPECIAL NEEDS:** \_\_\_\_\_

**4. READ & SIGN THE WAIVER**

Registration Policy: If we cancel a program, you will receive a full refund. Participants who cancel their class, and notify us before that class begins, will be given a credit which can be used for one year from the date of issue.

Liability Release: I understand and agree that the City of Port Huron, a Michigan Municipal Corporation, and its employees, assume no responsibility for any injury or property damage or loss that might be suffered during the activity or program indicated above by the participant and/or Parent or Guardian and that the participant and or Parent/Guardian assumes the risk for personal injury or loss or damage to property.



\_\_\_\_\_  
Signature of Participant, Participant Parent, Legal Guardian or Legal Custodian      Date

**5. COMPLETE PAYMENT METHOD**

- Check (payable to City of Port Huron)
- Cash
- Credit Card → Signature for Charge Authorization: \_\_\_\_\_

*For Mailed or Faxed in Registrations Only*

**6. RETURN (IF APPLICABLE)**

**By MAIL:** Port Huron Parks & Recreation  
Palmer Park Recreation Center  
2829 Armour Street  
Port Huron, MI 48060

**By FAX:** 810.984.0192 (Credit Cards Only - Provide the Following Information)



Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
3 Digit Code on Back of Card \_\_\_\_\_  
Expiration Date: \_\_\_\_ / \_\_\_\_  
Authorized Signature: \_\_\_\_\_  
Printed Name on Card: \_\_\_\_\_