

# FENNVILLE COMMUNITY RECREATION

**PROGRAM REGISTRATION**

Two easy ways to register: mail-in, walk in. Registration is on a first come, first served basis; so register early for your favorite activities! **PLEASE USE ONE FORM PER PARTICIPANT.** If you need additional forms, please visit one of the district offices and or the district website: www.fennvilleschools.org. MAIL TO: Fennville Public Schools, Attn: Community Recreation, 4 Memorial Drive, Fennville, MI 49408.

**METHODS OF PAYMENT**

Cash, check, or money order payable to Fennville Public Schools.

**REFUND POLICY**

Full refunds will only be given if a program is cancelled due to insufficient enrollment or due to participant illness or injury, or moving out of the area.

**NO REMINDERS**

No reminder call and or cards will be sent out for any activity. Please keep your registration paperwork for program dates, times, location and related information.

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender:            Male                    Female

Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Interested in Coaching:        YES                    NO        List Activity (If Interested in Coaching): \_\_\_\_\_

Participant's Last Name	Participant's First Name	Program Name	Session/Time Desired	Fee
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<b>FAMILY DISCOUNT</b> 1st child = Full Fee, 2nd child = \$5.00 off, 3rd child = \$10.00 off.				
<b>TOTAL AMOUNT DUE</b>				

**WAIVER AND RELEASE OF LIABILITY**

Prior to participation the following liability waiver must be signed: I hereby consent my child's participation in any Community Recreation program. I will not hold the organization (Fennville Public Schools), teams, coaches, sponsors, or anyone connected with Community Recreation responsible for death, injury or sickness that may incur in any programs. Furthermore, I will not hold any party responsible for any medical aid administered. By name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Fennville Public Schools.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/Legal Guardian

\*If your child is participating in recreation sports and is a student of Fennville Public Schools, they will not be allowed to participate in games or practices if they are suspended from school.

(For Office Only) Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Cash or Check # \_\_\_\_\_