



DAVISON TOWNSHIP PARKS & RECREATION

1152 N. Gale Rd., Davison, MI 48423

DTParks.com

810-214-1810

REGISTRATION FORM

Parks & Recreation Office Hours: Monday through Friday, 9:00 am – 12:00 pm and 1:00 pm – 5:00 pm.

Make checks payable to: Davison Township

Name (Parent or Guardian Name If Under 18 Years Of Age) Birth Date Home Phone

Address City Zip Email

Cell Phone Emergency Contact Name & Number

Participant's Name	Program	Session	Birth Date	Fee

How did you hear about the above program(s) and/or events:

Facebook Flyer Newspaper Friend/Employee Walk-in News Internet Brochure

Please Read Waiver & Sign Form:

The undersigned, on behalf of himself or herself, or as a parent or guardian of such individual, assumes all responsibility for the above participant while enrolled in the activities sponsored by the Parks & Recreation Department of Davison Township, with respect to any actions taken in pursuance of such activities, either before or after the activity. Moreover, it is agreed that the Township of Davison and its departments and employees shall not be liable for any property damage, and/or personal injury, and/or other loss or damage suffered by the participant, and the participant, on his or her own behalf, or as parent or guardian of participant, release and forever discharge each of the entities and persons from any and all actions, causes of actions, claims and demands with respect to any and all such damage, injury or loss. In the event of any injury, permission is hereby given to the Parks & Recreation Department of Davison Township, and to the Director, or his or her agent, or employee, to see that first aid and medical attention are given to the participant, at the discretion of the Parks & Recreation personnel. The participant represents that he or she is in good physical condition and able to participate in the activity for which he or she is enrolling, and shall be responsible for his or her own health, and acknowledges that the activity in which the participant is enrolling may be injurious, and participant accepts this risk with full knowledge. Video recording may be done and/or pictures may be taken at certain Parks and Recreation parks, facilities, classes, programs and/or special events, and, unless the department receives signed, written objections, videos and photos may be reproduced for publication.

Participant Signature or Parent/Guardian Signature (if under 18)

Date