



Saugatuck Public Schools Community Recreation REGISTRATION FORM

ONE student per registration form please.

Participants Name: _____ Age: ____ Grade: _____

Date of Birth: _____ Gender: Male Female

Parent/Guardian Name(s): _____

Primary Phone: _____ Secondary Phone: _____

Email(s): _____

Program Level: _____

Fee Enclosed:

Shirt Size: _____

I need financial assistance.

Yes, I would like to volunteer as a coach.

WAIVER & RELEASE OF LIABILITY

I hereby certify that it is with full knowledge and consent that either myself, or my child take part in any Community Recreation program. I will not hold the organization; teams, coaches, sponsors, or anyone connected with Community Recreation responsible for death, injury or sickness that may incur in any program. Furthermore, I will not hold any party responsible for any medical aid administered.

Parent/Legal Guardian Signature

Date