



# Troy Recreation Registration Form

Registration continues until courses are filled or closed unless otherwise noted

## HOUSEHOLD/PRIMARY ADULT CONTACT:

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

Street (no P.O. boxes): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

*\*By providing an email address, I agree to allow the TRD to use it to send my receipt and to contact me about my program and other departmental programs and events. I understand that this information is not shared with outside entities.*

Participant Last Name	First Name	Birth Date	M/F	Grade	Class Title	Act #	Section Letter	Alt Act #	Alt Sec Letter	Fee	
Roster Notes: _____										<b>Total Fees</b>	<b>\$</b>

*Please sign Concussion Awareness Form located on back*

For Youth Leagues ONLY: Please indicate the school your child attends by circling the appropriate letter.

- |             |            |               |                        |                |              |
|-------------|------------|---------------|------------------------|----------------|--------------|
| A. Barnard  | E. Hill    | I. Schroeder  | M. Wattles             | Q. Boulan      | U. Troy High |
| B. Bemis    | F. Leonard | J. Warren     | N. Avondale Schools    | R. Larson      | W. Private   |
| C. Costello | G. Martell | K. Troy Union | O. Bham/Blmfld Schools | S. Smith       | School       |
| D. Hamilton | H. Morse   | L. Wass       | P. Baker               | T. Athens High |              |

I hereby voluntarily release and hold harmless the City of Troy, City of Troy Contractors/Independent Contractors and the Troy School District from all liability for all types of damages or injuries, whether foreseeable or not, sustained by myself, my child and other family members while participating, watching and traveling to or from this activity. I/we also hereby authorize the City to reproduce, copy, exhibit, publish, broadcast or distribute my image or my child's image in any and all videotapes and photographs taken while participating, watching and traveling to or from the activity for promotional purposes.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

### For Mail-In or Drop-Box registrations only, complete the payment box below

Payment (DO NOT SEND CASH):  Check (Payable to City of Troy)  MasterCard  Visa



Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV#: \_\_\_\_\_



Name: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_

**Mail completed forms to:** Troy Recreation Department, 3179 Livernois Rd, Troy MI, 48083

Check here if you need an accommodation and you will be contacted by the ADA Coordinator