



# City of Plymouth Recreation Department Class Registration Form



(Not to be used for any team sports)

**Residency Requirements-** A City of Plymouth Resident is any person that resides within the City of Plymouth borders. At this time, Plymouth Township Residents and persons that live in Northville with Plymouth mailing addresses do **NOT** qualify for the lower City of Plymouth resident rates because no taxes are put toward recreation services.

Household / Primary Adult Contact(s): \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate (required): \_\_\_\_/\_\_\_\_/\_\_\_\_ Male / Female (circle one)

Address: \_\_\_\_\_ City/Twp: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Please Check to Have Receipt Emailed to You:

**Allergies (list):** \_\_\_\_\_

**Serious Medical Conditions (list):** \_\_\_\_\_

Class #	Class Name	Day	Time

### WAIVER AND RELEASE OF LIABILITY READ BEFORE SIGNING

**In consideration of being allowed to participate in any way in the City of Plymouth's sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:**

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
- 3) I will willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and being such to the attention of the nearest official immediately; and,
- 4) I, for myself, my child, and on behalf of our heirs, assigns, personal representatives and next of kin, hereby release and hold harmless, and agree to defend and indemnify the City of Plymouth, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (Releasees), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees, any other entity or individual, or otherwise, to the fullest extent permitted by law.

***I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.***

X \_\_\_\_\_ (Parent/Guardian or Participant Signature) \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Date)

If paying by credit card, and **CARD IS NOT PRESENT**, please complete the following information:  
(The City of Plymouth Recreation Department accepts MasterCard, Visa, American Express and Discover for your convenience)

Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_