

The City of Auburn Hills-Registration Form
1827 N. Squirrel Rd., Auburn Hills, MI 48326 248-370-9353

If shirt is included - please indicate shirt size: Youth ___ S ___ M ___ L / Adult ___ S ___ M ___ L ___ XL

Name _____ Male or Female (Circle one)
Address _____ City _____ Zip _____
Telephone-Home _____ Work _____ Cell _____
School _____ Current Grade: _____ Age: _____ Birthdate: _____
Email address _____ Emergency contact _____ Phone # _____
Activity Name _____ **Activity #** _____ Day _____ Time _____
Activity Start Date _____ # of Weeks _____ Location _____
Medical/Physical Limitations? _____ Medication: _____

I/We understand the nature of the physical demands of this activity and the policies set forth by the Auburn Hills Recreation Dept. I have noted any medical/physical limitations that might affect participation. I/We hereby release the City of Auburn Hills, the Auburn Hills Recreation Dept., and all of said entities' employees, representatives and agents including, but not limited to, all individuals assisting in the instruction and/or supervision of their activities, from any and all rights claims, demands, actions, and/or lawsuits for any and all injuries, loss or damage suffered by myself, my child(ren) and/or other family members while participating, watching or traveling to or from this activity.

Signature _____ Date _____

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Signature _____ Date _____