



# City of Monroe Recreation Registration Form

120 East First Street, Monroe, MI 48161; Phone: 734-384-9156; Office Hours: Mon.-Fri., 8:00 a.m. - 4:30 p.m.

E-mail: [recreation@monroemi.gov](mailto:recreation@monroemi.gov); Website: [www.monroemi.gov](http://www.monroemi.gov)

**Drop off or mail in registration. Late registrants may be responsible to pay for their own tee shirt.**

Participant's First & Last Name	Date of Birth	Age	Gender	Shirt Size (If applicable) YS YM YL AS AM AL AXL AXXL	Activity Name / Session	Fee
			M / F			

Adult Participant/  
Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact  
Name (Not Parent): \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Interested in Coaching? (Print your name and phone number) \_\_\_\_\_

\_\_\_\_\_

### RELEASE AND INDEMNITY AGREEMENT

In consideration of this registration being accepted, I hereby, for myself, my heirs, executors, administrators and assigns waive and release any and all rights and claims for damages which I may have against the City of Monroe, the Monroe Recreation Department, and/or their employees, agents, representatives, successors and assigns on account of any injuries suffered by myself and/or any child of mine arising out of my or our participation in the program or activity above referenced. I further agree to indemnify and hold harmless the City of Monroe, the Monroe Recreation Department, and/or their employees, agents, representatives, successors and assigns from any and all claims which may be made by or account of any person on account of any rights and claims released by this document. This indemnity agreement includes any and all damages, costs and attorney fees.

I agree that any child of mine will participate according to the rules, regulations, and/or bylaws for the activity referenced above. I understand that special requests are not guaranteed. If photos are taken of participants in a class during a special event or at the City parks, they are for the Monroe Recreation Department usage only and may be used in the Monroe Recreation Department brochures, pamphlets, and flyers, or on the web.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### YOUTH BALL ONLY-Ages 9 and older are placed on teams by skill level (PLEASE COMPLETE THIS SECTION) NO SPECIAL REQUESTS

My child has participated in organized t-ball, baseball or softball for _____ years. Indicate the amount of experience your child has at <b>EACH</b> position listed		PITCHER	CATCHER	INFIELDER	OUTFIELDER
	SOME				
	NONE				
	VERY				

I request my child be moved up one age level and I take full responsibility for moving them up. (Please initial here) \_\_\_\_\_

#### OFFICE USE ONLY:

\_\_\_\_\_ Date Received

\_\_\_\_\_ Receipt No.

\_\_\_\_\_ Total Paid

\_\_\_\_\_ Initials

Concussion Form