



# Novi Parks, Recreation & Cultural Services

# Registration Form

Participant Name: First \_\_\_\_\_ Last \_\_\_\_\_ Birthdate \_\_\_\_\_

M/F

Parent/Guardian Name: First \_\_\_\_\_ Last \_\_\_\_\_ Birthdate \_\_\_\_\_  
(If participant is under 18 years of age)

M/F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: Primary (\_\_\_\_) \_\_\_\_\_ Secondary (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

I do not wish to receive promotional email communication from Novi Parks  New Address

How did you hear about our program? \_\_\_\_\_

Should we be aware of any allergies or special conditions (physical or otherwise)?

Emergency Contact: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Adult Program Name	Program Date	Price

## Youth Program Information

Youth Program Name	Program Date	Child Registering	Grade & Birthdate	Shirt Size YS-AXXXL (if applicable)	# of Prior Seasons of Experience	Price

What nights are you available to practice?  Mon  Tue  Wed  Thu  Fri

Are you interested in coaching?  Yes  No Coach Phone/Email: \_\_\_\_\_

Interested in sponsoring a PRCS event, program or youth sports team?  Yes  No

Would you like to opt-in to receive emergency text messages?  Yes  No Provider: \_\_\_\_\_

**← See other side for General Information/Payment/How To Register →**



# Registration Form

## General Information

**Release, Waiver and Assumption of Risk** (Must be signed before participating in any event or activity)  
As a registered participant, or parent/legal guardian of a registered participant, in the listed activity or event, I am fully aware of and understand the potential risk involved with my, or my child's, participation in this physical activity, including, but not limited to, cuts, bruises, broken bones, and other injuries, damages, or losses. I hereby agree to assume all risk of injury, damage to persons or property, or death resulting from my, or my child's, participation in this activity or event and the use of City of Novi facilities. I do hereby fully release and discharge the City of Novi, its officers, agents, employees, volunteers, sponsors, and organizers from any and all liability for any injury, including death, damages, or loss that I, or my child, may have or incur as a participant in the listed activity or event, and further agree to indemnify and hold harmless the City of Novi, its officers, agents, employees, volunteers, sponsors, and organizers from and against any and all liability that may be suffered by me or my child as a result of, or in any way connected to, my or my child's participation in the listed activity or event. This Release, Waiver and Assumption of Risk shall be binding upon my heirs and dependents.

### Photo/Video Authorization

I hereby give my consent for the City of Novi to use photos/video coverage of myself and/or minor child participating in a City of Novi sponsored program or event in future marketing materials. I acknowledge those pictured will only be named with their consent, or parent/guardian consent if younger than 18 years of age. I acknowledge event attendees must contact the photographer at the event if they wish themselves/their children to not be photographed.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent/Guardian Signature if Under 18)

### Special Needs/ADA

If anyone requires special accommodations to attend or participate in a Novi Parks program or activity, please call (248) 347-0400 or email noviparks@cityofnovi.org at least 48 hours prior to the event.

<p style="text-align: center;"><b><u>Payment</u></b></p> <p>Total Price \$ _____ Check # (payable to City of Novi) _____</p> <p>Card Number _____</p> <p>Expires _____ 3-digit Security Code _____</p> <p><input type="checkbox"/> Visa   <input type="checkbox"/> Mastercard   <input type="checkbox"/> Discover   <input type="checkbox"/> American Express</p> <p>Signature _____</p> <p>Print Name _____</p> <p>Do you want a copy of the receipt?   <input type="checkbox"/> Mail   <input type="checkbox"/> Email   <input type="checkbox"/> No</p>	<p style="text-align: center;"><b><u>How to Register</u></b></p> <p>Online – cityofnovi.org Fax – (248) 347-3286</p> <p>Drop Off/Mail registration form to: <b>Novi Parks</b> <b>45175 Ten Mile Road</b> <b>Novi, MI 48375</b></p> <p>For assistance, call (248) 347-0400</p>
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