



Registration Form

Please Print Clearly

City of Ionia Department of Parks and Recreation

Program Registration Information

Parent &/or Legal Guardian Information Resident(live in city limits)_____ Non Resident_____

First Name:_____ Last Name:_____ Township:_____

Address:_____ City:_____ Zip:_____

Phone: (H)_____ (W)_____ (C)_____ Emergency:_____

E-Mail:_____ Add to e-mail list to receive further info on signups? _____

Interested in helping coach? _____ Does the child have any medical Conditions? _____

Participant Information

First Name	Last Name	Birthdate	Program	Division	Shirt Size	Boy/Girl

Waiver of Liability

In consideration of the furtherance of your purposes, objectives and work and in consideration of your permitting me, my child, ward or heir to participate in any program (s) or event (s) pertaining to the City of Ionia, Department of Parks and Recreation or the Ionia School District., I the undersigned, or if under 18 my parent or guardian, INTEND TO BE LEGALLY BOUNDED HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHETHER BASED UPON NEGLIGENCE OR ANY OTHER THEORY OF LAW, which I, my child, ward, or heir and our parents, guardians, heirs, executors, representatives, administrators, and assigns may have against The City of Ionia, department of Parks and Recreation, the Ionia School District., any affiliates or subsidiaries, officers, directors, shareholders, agents, employees associated with said corporations and associations, the municipalities or counties in or through which the programs or events take place or are conducted, as well as any other person, entity or sponsor connected with such programs or events, and their heirs, executors, representatives, administrators, successors, assigns, affiliates, officers, subsidiaries, directors, shareholders, employees or agents, FOR ANY AND ALL INJURIES INCLUDING DISABILITATING INJURY AND / OR DEATH OR DAMAGES WHICH I, MY CHILD, WARD OR HEIR MAY SUFFER while taking part in such programs or events as a result thereof.

Signature:_____

(If under 18 years of age, parent or guardian must sign)

*Please note any necessary information. If more room for instruction and/or details is needed, then please use bottom/back side of this page.

Office Use Only

Fee Paid_____
Cash_____ Credit_____ Check_____
Received on_____ Initials_____