



VERIFIED ID/LICENSE
 EMAIL RECEIPT

OFFICE USE ONLY	
<input type="checkbox"/> CHECK	REFERENCE/CHECK # _____
<input type="checkbox"/> MONEY ORDER	INITIALS _____
<input type="checkbox"/> CREDIT CARD	

Class/Program Name _____

Registration Date _____

Program Day & Time _____

Registration Fee _____

****PLEASE PRINT CLEARLY**

Make Checks Payable to: **R.A.R.E.**

NAME _____ BIRTHDATE(s) _____
(FOR ALL ENROLLING)

SCHOOL ATTENDING _____ GRADE _____ MALE _____ FEMALE _____

HOME ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMERGENCY PHONE _____ E-MAIL _____

PLEASE LIST ANY PHYSICAL OR MEDICAL LIMITATIONS THE INSTRUCTOR(S) SHOULD BE AWARE OF:

I give permission for photographs and/or videos to be taken of myself or my child (under the age of 18) for display in the Recreation Authority of Roseville and Eastpointe newsletter, website, and other public information releases which may also include the photographed person(s) name.

Circle One: YES NO

I hereby agree to release, discharge, indemnify and save the Recreation Authority of Roseville and Eastpointe and its departments, employees, and agents harmless from any and all liability claims, damages, and causes of action and costs of defense including attorney fees and other costs of whatever kind or nature which may arise or which result from participation in the above-mentioned program. I expressly acknowledge that the Recreation Authority of Roseville and Eastpointe is not responsible to supervise my child and that adult supervision shall be provided by me, or another adult authorized by me, at all times before, during or after participation of my child in the above-mentioned program.

Signature of Participant
 (Parent/Guardian if under 18)

Printed Name of Participant
 (Parent/Guardian if under 18)

FOR PARTICIPATION IN PRESCHOOL CLASSES

I understand that the recreational preschool classes I am registering for are not licensed through the State of Michigan. By enrolling my child in this class, I understand it is my responsibility to remain on-site during the class period.

 Signature of Parent/Guardian

 Date

FOR PARTICIPATION IN YOUTH SPORTS LEAGUES – COMPLETE BELOW

BIRTH CERTIFICATE FILED CONCUSSION FORM ON FILE

REQUEST Coach/Team Requests (optional): _____
(Please list in order of importance – we do not guarantee requests)

Shirt Size: YS YM YL AS AM AL AXL AXXL
 Circle One

Pant Size: YS YM YL AS AM AL AXL AXXL
 Circle One – Baseball/Softball ONLY

PARENT CODE OF ETHICS !!!PLEASE READ CAREFULLY!!!

As the parent of a child involved in a Recreation Authority activity, I hereby pledge to adhere to the following code of ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials involved with my child's activity
- I will place the emotional and physical well-being of my child ahead of all personal concerns
- I will encourage health and safety by ensuring that my child participates in a safe environment free from drugs and alcohol
- I will encourage a positive environment by controlling all negative actions
- I will encourage improved performance rather than competitive ranking
- I will treat all players, coaches, fans, and officials with respect
- I will ensure that my child treats all players, coaches, fans, and officials with respect
- I will do my very best to make youth sports fun for my child
- ****FAILURE TO ADHERE TO THESE POLICIES MAY LEAD TO REMOVAL/DISMISSAL OF PARENT OR SPECTATOR FROM SPORTING EVENT****

 Signature of Parent/Guardian

 Date