

Bath Township Parks & Recreation Volleyball Clinic 2018 Registration Form \$10.00 - \$32.00

Registration Dates: Through March 15, 2019 in the Bath Twp. Offices

Participant's Name _____ Birthdate _____
 Address _____ City _____ Zip _____
 Home Phone _____ Parent Cell/Work Phone _____ Grade 3 4 5 6
 Email Address _____ Gender: M F
 Would you like to be added to the Parent Email List? Yes No I am already on it

Important Emergency Care Permission

Please complete the Emergency Medical form on the back. If you have not participated in a P&R Sports program since 2013 you will also need to complete the Concussion Packet.

To participate, you must read and sign below.

Release of Liability

In case of serious injury or illness, I hereby request that authorized personnel transport myself/child directly to the nearest hospital, or send by ambulance if needed, and I will assume all financial obligations. I hereby give my consent for the above participant/myself to engage in this activity, and understand the possibility of injury as a result of said activity.

In consideration of participation in this activity the undersigned intends to be legally bound for themselves and their heirs, executors and administrators, and waive and release any and all claims and causes of action for any injuries and damages they may have against Bath Charter Township, its officials, representatives, volunteers, successors and assigns for any and all injuries or damages suffered in the connection with this program.

Consent to Photograph/Videotape and Disseminate Without Compensation

I hereby consent for me or my child to be photographed/videotaped while participating in any activity offered by Bath Township Parks & Recreation. In addition, I consent to the reproduction and use of any such photographs and videotapes by Bath Twp. Parks & Recreation for educational, informational, public relations and promotional purposes and I waive any claim by myself, the above named minor child, or anyone claiming under or through us, for compensation of any kind in exchange for such photographs, videotapes and use.

 Parent/Guardian Signature (circle one) Date

 Name of Family Doctor Phone

Please consider a donation to our youth Scholarship Assistance Program fund.

Program	Fee (circle one)	Scholarship Donation Amount
Volleyball Clinic	\$10.00 (SAP) short sleeved tee size ys ym yl as am al	\$1 \$2 \$3 \$4 \$5 other
Volleyball Clinic	\$25.00 short sleeved tee size ys ym yl as am al	\$1 \$2 \$3 \$4 \$5 other
Volleyball Clinic	\$32.00 long sleeve tee size ys ym yl as am al	\$1 \$2 \$3 \$4 \$5 other

The youth SAP fund was developed to financially assist qualifying youth in Parks & Recreation programs.

Registration Fee \$ _____ + Scholarship Donation \$ _____ = Total \$ _____