



**HOWELL AREA
PARKS AND
RECREATION
AUTHORITY**

Registration Form

Mail to: Howell Parks & Recreation
925 W. Grand River, Howell, MI 48843

Participant Name _____ Date ____/____/____

Parent's Name (if participant is under age 18) _____

Address _____

City _____ State _____ ZIP _____

Township City of Howell Oceola Township Genoa Township Marion Township
 Cohoctah Township Howell Township Handy Township Other _____

Primary Phone (____) _____ Secondary Phone (____) _____

Email _____ Date of Birth ____/____/____

T-shirt (if applicable): Youth S Youth M Youth L
 Adult S Adult M Adult L Adult XL Adult XXL

Class Number	Class Name	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

Method of payment: Cash Check VISA MasterCard American Express

Credit Card # _____ Expiration date ____/____

CCV/CVC Code _____ Signature _____

Liability Waiver

I, hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Howell Area Parks & Recreation Authority, its directors, organizers, coaches, sponsors, manager, or any other appointed supervisor from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of the Howell Area Parks & Recreation Authority's equipment or facilities, including such claims with allege negligent acts or omissions of the Howell Area Parks & Recreation Authority, its directors, organizers, coaches, sponsors, managers, or any other appointed supervisor. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.

Signature of Participant _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

Photography Waiver

I authorize the Howell Area Parks & Recreation Authority to use and reproduce any photographs, personal narrative, interviews, or audio and video recording of my/child's participation for any and all purposes.

Signature of Participant _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

Refunds & Vouchers

Full refunds will be given to participants who have registered for a program that has been cancelled by the Howell Area Parks & Recreation Authority. Refunds will be issued based on your original method of payment (cash and check will be issued check refunds, credit card payments will be credited back to the original card) and may take up to three weeks to process. One day special events, preschool tuition, drop-in programs, membership fees and punch cards (Aquatic Center, Senior Center, etc.), Sea Serpents, daily and seasonal park passes, pavilion rentals, all travel, safety classes, adult team sports, and one- and two-day classes are not eligible for refunds or vouchers. Vouchers for all other activities will be given to participants who choose to be removed from a program prior to the second date the program meets. After the program has met for the second time, no vouchers will be granted. There will be a \$5 administrative fee withheld for all vouchers. Vouchers can only be used by immediate family members.

Signature of Participant _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____