

Please print clearly

Participant Name: _____ DOB: _____ M / F
 Parent/Guardian Name(s): _____ Email: _____
 Street Address: _____ City/State/Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

In case of emergency contact: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please add any information regarding health conditions, allergies, or anything staff should be aware of. The more information we have, the better we can help your child.

Permission for participants to check themselves in and out of the Community Center Teen Room.

My child has my permission to check him/herself in/out of the Teen Room and all other Community Center functions. I understand that staff will not be responsible for my child. I accept responsibility once they check out and separate themselves from the Community Center.

_____ Yes, I give my permission.

_____ No, someone will come in the building and sign my child out.

Signature: _____ Date: _____

Permission to Record and Photograph Child Participating in Activities:

I hereby release to the City of Sterling Heights rights to my child's image, likeness, and the sound of his/her voice as recorded or photographed. I understand this recording or photograph may be edited and placed in publications, and thereafter the recording or photograph may be otherwise available. I agree to release, discharge, and hold harmless the City of Sterling Heights, including its representatives or designees, from any legal proceedings which may arise in relation to the conditions of the above paragraph.

_____ Yes, I give my permission.

_____ No, do not record or photograph my child.

Signature: _____ Date: _____

Permission to Administer Surveys to Participants:

I hereby give Sterling Heights Parks and Recreation my permission to administer surveys to my child for the purposes of improving future programs. I understand that the information collected from my child will remain anonymous and that my child's identity will not be revealed in relationship to the survey.

_____ Yes, I give my permission.

_____ No, do not administer surveys to my child.

Signature: _____ Date: _____

Department of Parks and Recreation Release, Waiver and Participation Agreement.

In consideration of the City of Sterling Heights, City of Sterling Heights Department of Parks and Recreation ("City") allowing me to participate in the City programs, I agree to the following: (A) I assume all risks of injury and property damage and accept all responsibility in case of accidents, injury or death. (B) I release and agree not to sue the City, its elected or appointed officials, employees and others acting on its behalf, for any claim, damages, costs or cause or action which I may have or suffer or may in the future have or suffer as a result of any accident, injury including death or damages sustained or incurred while participating in any City program. (C) I also agree that in the event that my participation in the program is terminated, I will be responsible for my transportation expenses home. I acknowledge I have read and understand the above release, waiver and participation agreement and agree to abide by its terms and conditions.

Signature: _____ Date: _____