

THE ROSEVILLE-EASTPOINTE RECREATION AUTHORITY
18185 SYCAMORE ROSEVILLE, MI 48066
(586) 445-5480

Request on back
 E-Mail My Receipt

Class/Program Name _____

Registration Date _____

Program Day & Time _____

Registration Fee _____

****PLEASE PRINT CLEARLY**

Make Checks Payable to: **City of Roseville**

NAME _____ BIRTHDATE(s) _____ SHIRT SIZE _____ PANTS SIZE _____

SCHOOL ATTENDING _____ GRADE _____ MALE _____ FEMALE _____

HOME ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMERGENCY PHONE _____ E-MAIL _____

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

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)

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

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

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

Signature of Participant (Parent/Guardian if under 18)

Date

OFFICE USE ONLY

CHECK # _____

INITIALS _____