

# SLPR REGISTRATION FORM

**Parent/Guardian's information:** Remember you can also register online at [SLPR.net](http://SLPR.net)

Please Print

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Primary/Cell

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ Email (Receipt & Program Notifications) \_\_\_\_\_

Would you like to receive TEXT MESSAGE Notifications for Class Changes? \_\_\_\_\_ YES Name of cell phone Carrier (ie:Verizon, At&t, etc.) \_\_\_\_\_

**Participant/s information:**

Participant Name: Please Print	Gender	Birthday	Allergy	Activity Name and Session	Day/ Time	Grade/School district

Emergency Contact: \_\_\_\_\_ Emergency Phone# \_\_\_\_\_

**Residents / Non-Residents:** To receive the resident rate you must reside with in the City of Fenton, City of Linden, or Fenton Township. SLPR is funded through property taxes collected in these areas. Residency is NOT connected with the Fenton, Linden or Lake Fenton School Districts. Residency is determined by where you pay your city/township taxes. **Required question: Where do you pay your property tax?**

\_\_\_\_\_ City of Fenton \_\_\_\_\_ Fenton Township \_\_\_\_\_ City of Linden \_\_\_\_\_ (describe) Other

**Refund Policy:** If SLPR cancels an activity, a full refund will be issued. All refund requests, including any program registered online must be requested through a SLPR team member. Refunds will be processed [upon request] up until the second class, minus a \$5.00 administrative fee and a credit will be put on their family account to be used toward future leagues or programs; **NO** refunds will be given for sports leagues, one day classes, or special events [unless cancelled by SLPR].

**Michigan Sports Concussion Law effective June 30, 2013:** A concussion is a brain injury, caused by a blow or jolt to the head that can have serious consequences, it can occur in any sport or recreational activity. The sports concussion legislation requires all coaches, employees, volunteers and other adults involved with a youth athletic activity must complete a concussion awareness on-line training program. The organizing entity must provide educational materials on the sign/symptoms and consequences of concussions to each youth athlete and their parents/guardians and obtain a signed statement acknowledging receipt of the information for the organization entity to keep on record. The law requires immediate removal of an athlete from physical participation in an athletic activity who is suspected of sustaining a concussion. The students must then receive written clearance from an appropriate health professional before he/she can return to physical activity. The parent & Athlete concussion information sheet can be obtained at SLP&R, 150 South Leroy St., Fenton, MI 48430 or online at [http://www.michigan.gov/mdhhs/0,5885,7-339-71548\\_54783\\_63943---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71548_54783_63943---,00.html)

**Hold Harmless Waiver (must be signed by all participants or guardians)** I, We (the above named or the parent/guardian of the above named), a candidate for a position in a Southern Lakes Park & Recreation (SLPR) program, hereby agree to give my/our approval to participate in any and all activities including transportation to and from activities. I, We know that participation in any recreational program may result in serious injury and /or death and that protective equipment does not prevent all injuries to participants, and do hereby waive, release, absolve, indemnify, and agree to defend and hold harmless SLP&R, its employees, instructors, board of directors, organizers, volunteers, and other participants from any claim arising out of any injury to myself or my/our child whether the result of negligence or any other cause. SLP&R is not responsible for Lost/stolen/damaged personal items.

As a participant or parent/guardian of a participant, I understand that photographs/video may be taken and I approve of SLP&R using the photographs or video for promotional use in various media areas including web based social media.

**\*\*\*Payment Information:** \_\_\_\_\_ Cash \_\_\_\_\_ Check (made payable to SLPR) \_\_\_\_\_ Credit/Debit Card (\*\*NSF fee of \$25.00 will be charged for all checks and credit card charges that are returned for Non-sufficient funds and participation in SLP&R programs will be immediately suspended until all fees are paid in full. SLP&R reserves the right to make a report to authorities and see legal remedies after 30 days.

Signature of Parent/Guardian/Participant \_\_\_\_\_ Date \_\_\_\_\_

Staff Use Only: RECEIPT # \_\_\_\_\_ PROCESSED BY \_\_\_\_\_ DATE PROCESSED \_\_\_\_\_