



Southern Lakes Parks and Recreation

Account and Program Registration Form

Parent/Guardian's information:

Remember you can also register online at SLPR.net

Please Print

Last Name _____ First Name _____ DOB ____/____/____

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 _____

Participant information:

Participant Name: <i>Please Print</i>	Gender	Birthday	Allergy	Activity Name	Day/ Time	Grade/School

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 or 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 SLPR.net, or at 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. 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. I/We further acknowledge the risk to have contact with individuals who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to Covid19 or other medical conditions or diseases does exist and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease. I knowingly and freely assume all such risks and I do hereby waive, release, absolve, indemnify, and agree to defend and hold harmless SLPR, 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.

SLPR 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 SLPR 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 _____