



Registration Form

RESIDENT Begins Feb. 25 @ 8 am NON-RESIDENT Begins March 4 @ 8 am

ONLINEwww.troymi.gov/parksreconline.....FASTEST
DROP-OFFsee registration info for locations.....FAST
WALK-INsee registration info for locations.....Slow
MAIL-IN.....Troy Parks and Recreation, ATTN: Registration.....Slowest
 3179 Livernois, Troy, MI 48083

Registration continues until courses are filled or closed unless otherwise noted

Household/Primary Adult Contact: Passholder New Address (new address in the last six months)

Last Name: _____ First Name: _____

Street (no P.O. boxes): _____ City: _____ Zip: _____

Current Home Phone: _____ Business Phone: _____

Emergency Phone: _____ *E-mail Address: _____

*(*By providing an email address, I agree to allow the TPR to use it to send my receipt and to contact me about my program and other departmental programs and events. I understand that this information is not shared with outside entities.)*

For Youth Leagues ONLY: Please indicate the school your child attends by circling the appropriate letter. **Coaches Form, see page 84.**

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|-------------|------------|---------------|------------------------|----------------|--------------|
| A. Barnard | E. Hill | I. Schroeder | M. Wattles | Q. Boulan | U. Troy High |
| B. Bemis | F. Leonard | J. Susick | N. Avondale Schools | R. Larson | W. Private |
| C. Costello | G. Martell | K. Troy Union | O. Bhm/Blmflld Schools | S. Smith | School |
| D. Hamilton | H. Morse | L. Wass | P. Baker | T. Athens High | |

Participant Last Name	First Name	Birthdate	M/F	Grade	Class Title	Activity #	Section Letter	Alternate Activity #	Alternate Section Letter	Fee
Roster Notes: _____										Total Fees \$

I hereby voluntarily release and hold harmless the City of Troy, City of Troy Contractors/Independent Contractors and the Troy School District from all liability for all types of damages or injuries, whether foreseeable or not, sustained by myself, my child and other family members while participating, watching and traveling to or from this activity. I/we also hereby authorize the City to reproduce, copy, exhibit, publish, broadcast or distribute my image or my child's image in any and all videotapes and photographs taken while participating, watching and traveling to or from the activity for promotional purposes.

Signature Required: _____ **Date:** _____



Payment (DO NOT SEND CASH) : Check (Payable to City of Troy) Mastercard VISA

Card Number: _____ Expiration Date: _____

Name: _____ Authorizing Signature _____

(Please print as it appears on card)

Check here if you need an accommodation and you will be contacted by the ADA Coordinator.