

**City of Grosse Pointe Farms
Department of Parks and Recreation**

Registration Form

Household Information

Head of Household's First Name		Head of Household's Last Name		
Address		City	State	Zip
Home Phone		Email Address		
Emergency Phone #1 (With Name)		Emergency Phone Number #2 (With Name)		

Participant Information

First Name	Last Name (if different from above)	Gender	Birth Date	Course #	Activity Date	Fee
		M F				
		M F				
		M F				
		M F				
		M F				

Please make checks payable to: City of Grosse Pointe Farms (DO NOT SEND CASH) Total

Registration Checklist
_____ Include TWO Emergency Phone #'s
_____ Include ALL Participant's Birth Dates
_____ Include Course #
_____ Enclose Check
_____ Sign Liability Waiver at the "X"

****Only One Household Allowed
Per Registration Form**

Physical Exercise/Activity Participation Acknowledgement

I understand that all those who register to participate in an exercise or physical activity program should do so only after receiving medical approval for participation from their personal physician. I further understand that the fees for these programs do not include accident insurance and that no liability is assumed by the City of Grosse Pointe Farms or the Department of Parks and Recreation. A signature is required below in order for your registration to be processed.

X _____ **Date** _____

Call GPF Parks & Rec. at (313) 343-2405, if you have any questions. Send Registration Form to
350 Lakeshore Rd., with checks made payable to : City of Grosse Pointe Farms