



# Charter Township of Springfield

**Parks & Recreation** (248) 634-0412  
Fax Number (248) 634-9739

## REGISTRATION FORM

**Parks & Recreation Office Hours:** Monday through Friday, 9:00 am – 12:00 pm and 1:00 pm – 5:00 pm.

**To Register:** Registration will be accepted by mail, by fax (only if no fee applies) or in person.

**Make checks payable to:** Springfield Township Parks & Recreation

**Mail to:** 12000 Davisburg Rd., Davisburg, 48350

\_\_\_\_\_  
Name (Parent or Guardian Name If Under 18 Years Of Age) Home Phone

\_\_\_\_\_  
Address City Zip Email

\_\_\_\_\_  
Township Work Phone Emergency Contact Name & Number

Participant's Name	Course Name & Session	Age	Fee

How did you hear about the above program(s) and/or event(s): (please circle one of the following)

Brochure    Flyer    Newspaper    Cable Channel    Friend/Employee    Walk-in    Road Sign    Internet

**Cancellations/Refunds:** Springfield Township Parks & Recreation reserves the right to cancel any scheduled classes/ programs/special events. Full refunds will be issued for those programs/classes/special events that are canceled by Parks & Recreation. All other cancellations/refunds will be subject to a \$5.00 administration fee per person per class/program/special event. NO refunds will be given less than five (5) business days prior to the start date of the class/program/special event.

**Please Read Waiver & Sign Form:**

The undersigned, on behalf of himself or herself, or as a parent or guardian of such individual, assumes all responsibility for the above participant while enrolled in the activities sponsored by the Parks & Recreation Department of Springfield Township, with respect to any actions taken in pursuance of such activities, either before or after the activity. Moreover, it is agreed that the Township of Springfield and its departments and employees shall not be liable for any property damage, and/or personal injury, and/or other loss or damage suffered by the participant, and the participant, on his or her own behalf, or as parent or guardian of participant, release and forever discharge each of the entities and persons from any and all actions, causes of actions, claims and demands with respect to any and all such damage, injury or loss. In the event of any injury, permission is hereby given to the Parks & Recreation Department of Springfield Township, and to the Director, or his or her agent, or employee, to see that first aid and medical attention are given to the participant, at the discretion of the Parks & Recreation personnel. The participant represents that he or she is in good physical condition and able to participate in the activity for which he or she is enrolling, and shall be responsible for his or her own health, and acknowledges that the activity in which the participant is enrolling may be injurious, and participant accepts this risk with full knowledge. Video recording may be done and/or pictures may be taken at certain Parks and Recreation parks, facilities, classes, programs and/or special events, and, unless the department receives signed, written objections, videos and photos may be reproduced for publication.

\_\_\_\_\_  
Participant Signature or Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date