



PARKS & RECREATION

Brandon Township Parks & Recreation Youth Program Registration Form

395 Mill Street, P.O. Box 929, Ortonville, MI 48462
Phone 248-627-4640 Fax 248-627-6560 www.brandontownship.us

For Office Use Only Updated 10/8/18

Ck. # _____ Amt.\$ _____

Date _____ Initials _____

Please write participant's name in front of appropriate program:

Non-residents add \$10 per program registration

<input type="checkbox"/>	Pee Wee Sports Camp* \$50	<input type="checkbox"/>	Youth Volleyball \$85	<input type="checkbox"/>	Wrestling \$100
<input type="checkbox"/>	Youth Sports Camp* \$50	<input type="checkbox"/>	Intro to Basketball \$50	<input type="checkbox"/>	Tennis \$60 (Session: I II)
<input type="checkbox"/>	Beginning Soccer* \$50	<input type="checkbox"/>	Youth Basketball \$50	<input type="checkbox"/>	Indoor Soccer \$55
<input type="checkbox"/>	Beginning T-ball* \$50	<input type="checkbox"/>	Boy's Jet Basketball* \$105	<input type="checkbox"/>	Hitting Camp
<input type="checkbox"/>	Flag Football* \$75	<input type="checkbox"/>	Girl's Jet Basketball* \$105	<input type="checkbox"/>	Other: _____

*Program includes Shirt, circle size below

Add \$10 late fee if registering after registration deadline has passed

Participant Name _____ Date of birth _____ Age _____ Grade _____

Circle Gender: MALE FEMALE Medical Conditions: _____ *Shirt: XS YS YM YL AS AM

Participant Name _____ Date of birth _____ Age _____ Grade _____

Circle Gender: MALE FEMALE Medical Conditions: _____ *Shirt: XS YS YM YL AS AM

Participant Name _____ Date of birth _____ Age _____ Grade _____

Circle Gender: MALE FEMALE Medical Conditions: _____ *Shirt: XS YS YM YL AS AM

Participant Name _____ Date of birth _____ Age _____ Grade _____

Circle Gender: MALE FEMALE Medical Conditions: _____ *Shirt: XS YS YM YL AS AM

Address _____ City _____ State _____ Zip _____

Cell phone: _____ Alternate phone: _____

Township: BRANDON GROVELAND OTHER Email Address _____

I grant permission for Brandon Township Parks and Recreation to publish my child's name and or photo in the local newspaper, cable TV, Internet, and any future publications for Brandon Township Parks & Recreation. Yes ___ No ___

Waiver I agree that neither Brandon Township, Brandon Township Parks & Recreation, nor employees/volunteers associated therewith may be held liable for injuries or losses sustained by the above-named participant/participant's family pertaining to involvement with the above-mentioned program for which the participant is being registered. My signature waives the right to seek damages for any such injury or loss and indicates agreement with the following refund policy parameters.

REFUNDS With the exception of team sports, program refunds are issued if requested in advance of the program start date. Refunds are NOT issued for absenteeism or for dates cancelled due to weather, field conditions, facility availability, or participant scheduling conflicts. League registrations for team sports become non-refundable once the registration deadline has passed. Refunds are processed in the amount of the paid registration fee less a \$15 administrative fee. Refund checks are made payable to the signer of the registration form and mailed to the participant address as listed on the registration form. Checks are generally mailed within two weeks of the refund request date.

Signature (parent/legal guardian) _____ Date _____

Print name _____ Relationship _____

Person able to coach or assist with a program:

Program(s) _____ *Shirt Size: AS AM AL AXL AXXL AXXXL

Name(s) _____

(If different from above) Phone _____ Email Address _____

BGYA recreation scholarships are available for qualified households.