



# 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 10/24/2016

Ck. # \_\_\_\_\_ Amt.\$ \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

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

**Non-residents add \$10 per program registration**

- Pee Wee Sports Camp\* \$50
- Youth Sports Camp\* \$50
- Beginning Soccer\* \$50
- Beginning T-ball\* \$50
- Inst. Tennis (Session: I II III)

- Youth Volleyball \$55
- Intro to Basketball \$45
- Youth Basketball \$55
- Boy's Jet Basketball\* \$105
- Girl's Jet Basketball\*

- Flag Football\* \$75
- Instructional Archery \$50
- Novice Wrestler \$75
- Wrestling \$90
- 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 \_\_\_\_\_  
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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.