

Program Registration

Program Registration Form

This form is not valid for athletic league or camp program registrations.

Family Last Name _____

Address _____

City _____ Zip _____

Phone (Home) _____ (Cell) _____

Emergency Contact (Name & Phone) _____

E-Mail Address _____ Birth date _____

Participant Name	Birth date (mm/dd/yr)	Gender	Activity Name	Activity #	Time	Fee
		M F				
		M F				
		M F				

Total

Effective January 1, 2019

Southfield Parks & Recreation will no longer accept personal checks as payment for any class, program, special event or room/site rental.

Payment Method:

Credit Card Visa, Master Card, Discover, American Express

_____ Exp. Date _____

CSC/CVV # _____ (3-digit code on the back of Visa, MC or Discover cards, 4-digit code on front of AmEx)

Cardholder Signature _____

By registering for Parks & Recreation classes and programs, the registrant realizes and understands the inherent risks involved in the programs and appreciates the nature of the risks. The applicant holds the City of Southfield, and the Parks & Recreation Department harmless for any damages caused by participation in these programs. Participants registering for activities of a strenuous nature are encouraged to seek a physician's approval.

Signature _____ Date _____