



ENROLLMENT & PROGRAM WAIVER

(Please Print)

Today's Date ____/____/____

Name _____ Birth Date ____/____/____ Sex _____

Address _____ City _____ Zip Code _____

Home # (____) _____ Work #: (____) _____ Cell # (____) _____

Email Address _____

Opt in _____ *email/texting (initials)* **Opt out** _____ *email/texting (initials)*

IF PARTICIPANT IS UNDER 18 YEARS OF AGE

Parent/Guardian Name(s) _____ Relationship _____

Address _____ City _____ Zip Code _____

Home # (____) _____ Work #: (____) _____ Cell # (____) _____

EMERGENCY INFORMATION

Emergency Contact _____ Relationship _____

Home # (____) _____ Work #: (____) _____ Cell # (____) _____

Physician Name _____ Telephone# (____) _____

Physician Address _____ City _____ Zip Code _____

Please list any allergies and/or other important medical information _____

***PLEASE COMPLETE THE INFORMATION ON THE BACK OF THIS FORM.**

DISABILITIES

Do you need an accommodation based on a disability? _____ Yes _____ No

Trained support-staff will be made available to assist participants with disabilities during the program. The staff works with one-on-one/supervised assistance/physical assistance and other specific areas of special needs.

If you answered YES to special accommodations, please list any information pertinent to the accommodations required (additional accommodation form **must** also be completed) _____

PHOTO POLICY

Park District staff videotape or photograph individually selected programs, classes, events, and park facilities. These photographs can be used for Park District use only in publications, flyers, brochures, and television ads. All photos and videos taken become the sole property of the Park District.

I, _____, GIVE PERMISSION to the Macomb Park District to videotape or photograph me/my child as a program participant. I further understand these images could be used in publications, flyers, brochures, and television ads.

I, _____, DO NOT GIVE PERMISSION for any photographs or videotapes to be used as stated above under any circumstance.

This authorization shall include all programs in which the above person is enrolled. I hereby waive, release, absolve, indemnify and agree to hold harmless the Macomb Park District, program leaders, participants, and persons transporting the participants to and from those activities, for any claim arising out of an injury to the participant. In the event I am unable to speak upon my behalf, I grant permission to the program leaders of the Macomb Park District to obtain medical care from any licensed physician, hospital or medical clinic.

Parent/Guardian/Participant Signature _____

Date _____/_____/_____

Enrollment waivers are renewed each calendar-year of participation and remain in the Macomb Park District files for a term allowed by law for all participant records. Thank you for your participation in the Macomb Park District Programs.