



Youth & Education

Sports and Recreation Registration Form

Please turn in to Youth and Education Office located at 2651 Saulino ct. Dearborn, 48120 (313) 842-6762



follow us on *Instagram* at [access.recreation.sports](https://www.instagram.com/access.recreation.sports)

Child's Name: _____ Today's Date: _____

Program your child is registering for: _____

Age: _____ Birthday: _____ Gender: _____ Grade _____ School _____

T-SHIRT (circle one): **Youth Sizes:** S (6-8) M (10-12) L (14-16) XL (18-20) **Adult Sizes:** S M L XL 2XL

Shorts (circle one): **Youth Sizes:** S (6-8) M (10-12) L (14-16) XL (18-20) **Adult Sizes:** S M L XL 2XL

Parent's / Guardian's Names: _____ Home Phone Number _____

Cell: _____ Work Phone: _____

Address: Street: _____ City: _____ ZIP Code: _____

E-mail Address: _____ (For newsletters, updates and registration)

Emergency Information:

Emergency Contact Name: _____ (Other than parents)

Emergency Contact's Phone Number: Home: _____ Cell: _____

MEDICAL INFORMATION:

Limitations to participation in program, and/or medical conditions? Yes _____ No _____

Explain: _____

Allergies to food, insects, medications, or plants? Yes _____ No _____

Explain: _____

Medications you are taking? Yes _____ No _____

Explain: _____

Anything else you think we should know? _____

Waiver of Liability:

Please read this form carefully and be aware that in registering yourself or your minor child for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child might sustain arising out of the above program(s).

"I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child may sustain as a result of participation in any activities connected or associated with any such program(s). I waive and relinquish all claims my child or I may have against Access and its officers, agents, servants and employees as a result of participation in any of the above program(s). I hereby authorize the release of pictures and/or video of myself and/or my minor child for the possible use in: 1. Telecast/Broadcast 2. Promotional videos 3. Newspaper/Printed materials/advertising/etc. These pictures and images will be used in a respectful manner. I acknowledge by signing this release form that I will receive no compensation, or royalties associated with the use of my/our images.

"I CONFIRM THAT I HAVE READ THIS AGREEMENT AND VOLUNTARILY ASSUME ALL RISKS OF ANY DAMAGES OCCURRING IN CONNECTION WITH MY OR MY CHILD'S PARTICIPATION IN THE ABOVE PROGRAM(S). I HEREBY AGREE FOR MYSELF, MY HEIRS' EXECUTORS, ADMINISTRATORS AND ASSIGNS, TO WAIVE, RELEASE AND DISCHARGE ACCESS AND THEIR LIABILITY FOR ANY PROPERTY DAMAGE, LOSS, PERSONAL INJURY, LOSS OF LIFE AND/OR OTHER CASUALTY WHICH MAY OCCUR DURING THE COURSE OF THE PROGRAM AND THE USE OF THE GYM IT IS FURTHER UNDERSTOOD AND AGREED THAT THIS WAIVER, RELEASE AND ASSUMPTION OF RISK IS TO BE BINDING ON MY HEIRS NEXT OF KIN, EXECUTORS, ADMINISTRATORS, AND ASSIGNS IN THE EVENT OF ANY DEATH OR INJURY. I THE PARTICIPANT/OR MY CHILD ALSO AGREE TO IMDEMNIFY, DEFEND , AND HOLD ACCESS AND ITS AGENTS HARMLESS FROM ANY CLAIMS, LIABILITIES (INCLUDING NEGLIGENCE, TORT AND STRICT LIABILITIES), EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES ARISING FROM OR RESULTING."

Parent Signature: _____ Date: _____

Office Use Only Date: _____ Received By: _____ Form of Payment: _____

Amount Paid: _____