

Registration Form

Registration will be accepted by the following methods **Fax:** Registrations must include credit card information (see Payment Method), 943-2357.

Walk-in: Registration can be charged to your credit card or may be paid by cash or check. **Telephone:** Telephone registrations will be accepted with a credit card payment only, 943-2350. **Mail-in:** Enclose completed registration form. All mail and telephone registrations will be processed in the order of their receipt at the Customer Service Desk. Make checks payable to the City of Dearborn. All credit card registrations are subject to verification. Mail or deliver to: Ford Community & Performing Arts Center Registration, 15801 Michigan Avenue, Dearborn, MI 48126.

Participant First & Last Name (Please Print)	M/F	Date of Birth	Activity	Activity Number	Fee
Total					

Parent/Adult Name _____ Relationship to Participant _____

Address _____ Apt.# _____ City & Zip Code _____

Home Phone (____) _____ Work Phone(____) _____

In Case of Emergency Contact: _____

Name _____

Address _____ City & Zip Code _____

Phone _____ Relationship _____

How did you hear about our program? (Check all that apply)

Program Brochure Radio Pamphlet Newspaper Flier Poster Outdoor Banner School _____

Internet Cable Electronic Sign Friend Other _____

Payment Method: Mastercard Visa American Express Card Number _____ Exp. Date _____

Signature _____

All refunds are subject to a \$5 fee. A prorated deduction may be assessed for each class held before cancellation.

Release and hold harmless: As parents of a participant under the age of 18 years, you should read this form carefully and be aware that in signing this agreement and participating in the program, you will be waiving and releasing, on behalf of yourself and your minor child, all claims for injuries or damages that you or your minor child might sustain which may arise out of participation in this program.

As a parent of a minor participant, I recognize that there are certain risks of physical injury associated with participation in such a program, and I agree to assume the full risk for any injuries, damages or losses that may result from my minor child's participation in the program. I do fully release and discharge the City of Dearborn and its officers, agents, servants and employees from any and all claims of injury, damages or losses that I may accrue on my behalf as a result of my minor child's participation in the program. I further agree to indemnify, hold harmless and defend The City of Dearborn and its officers, agents, servants and employees from any and all claims resulting from injuries, damages or losses sustained by me or my minor child arising out of, connected with or in any way associated with the activities or the program.

I have read and fully understand this Release and Hold Harmless Agreement and any program detail provided to me. It is mutually understood that the facsimile registration document (including waiver and release of all claims) shall substitute for and have the same legal effect as the original form.

Parent/Guardian Signature (if participant is under 18 yrs) & Date _____

Dearborn Recreation Department, 15801 Michigan Avenue, Dearborn, MI 48126 Phone: 943-2350 Fax: 943-2357

Individuals with disabilities who require special accommodations, auxiliary aids or service to attend or participate in this program should contact (313)943-2350. Reasonable advance notice is required.

Dearborn Recreation (313)943-2350 or www.dearbornfordcenter.com

