



CITY OF PONTIAC

Youth Recreation Registration Form

The City of Pontiac is offering recreation program for youth between the ages of 4-20. Participation requires applicants to complete this registration form, which includes a Medical Release Form, the Medical Care Authorization Form, an Waiver and Release of Liability.

This form must be completed by a parent or legal guardian if you are under the age of 18.

Participant Name: _____ M _____ F _____

Address: _____ City/Zip _____

Date of Birth: _____ Age: _____ School: _____ Grade: _____

Phone: _____ Cell: _____ Email: _____

Father/Legal Guardian's Name: _____ Phone: _____

Mother/Legal Guardian's Name: _____ Phone: _____

EMERGENCY CONTACT INFORMATION (Must be a parent or guardian if under 18)

Name: _____ Relationship: _____

Address: _____

City: _____ State _____ Zip _____ Phone: _____

Cell: _____ Phone #2: _____

Email: _____

If primary emergency contact is unavailable, please provide a secondary contact:

Name: _____ Relationship: _____

Cell: _____ Phone #2: _____

City of Pontiac Youth Recreation Programs

47450 Woodward Avenue Pontiac, MI 48342

248-758-3034 & 248-758-3033

Dr. Deirdre Waterman, Mayor

MEDICAL INFORMATION

Name of Child’s Physician or Health Clinic: _____

Physician or Health Clinic Phone #: _____

Hospital Preferred for Emergency Treatment: _____

Contact Person’s Phone: _____

Allergies: _____

Medications: _____

Food allergies: _____

Other (bee stings, latex, etc.): _____

Is an Epi-pen required for any allergies? _____

RELEASE OF LIABILITY

I hereby release and hold harmless the City of Pontiac, its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns from all liability for personal injury, including death. As well as, all property damage or loss arising from my child’s participation in this Youth Program, and any travel/transportation related to this Youth Program, whether paid for by myself or by the City of Pontiac, I understand that this release and indemnification releases liability for the conduct of the City of Pontiac and its officers, employees, agents, representatives, volunteers, heirs, executors and assigns.

PHOTO RELEASE

The undersigned gives permission to the City of Pontiac to use photographs and audio and/or video recordings of the Youth Program Participant for fundraising and/or marketing purposes. On occasion, participant photographs may be included in promotional videos, websites, youth program albums, newsletters and other publications. The City of Pontiac respects the privacy of its program participants and does not allow unauthorized visitors to photograph or video the camp or its participants.

PARTICIPATION CONSENT

The undersigned consents to participate in any and all activities, including transportation (if needed) to and from the City of Pontiac for Youth Program activities, except those specifically prohibited by the Participant’s physician.

X _____ Date: _____
Participant Signature (**If over 18 years of age**)

The undersigned gives permission for the Participant to participate in any and all activities, including transportation (if needed) to and from the City of Pontiac for Youth Program activities, except those specifically prohibited by the participant’s physician or parent/legal guardian.

X _____ Date: _____
Parent/Legal Guardian for Participant under age 18