



**CITY OF LIVONIA  
DEPARTMENT OF PARKS AND RECREATION  
ACTIVITY REGISTRATION FORM**  
(Please print and complete a separate form for each person)

Office Use:  
Registered \_\_\_\_\_

Verified \_\_\_\_\_

Participants Name \_\_\_\_\_

Female  Male

Are you a Recreation Center Member  Yes  No

Parent(s)/Guardian Name (if participant is under 18 years of age) \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Medical conditions, allergies or special needs we should be aware of \_\_\_\_\_

In case of emergency contact \_\_\_\_\_ / \_\_\_\_\_ at \_\_\_\_\_  
(NAME) (RELATIONSHIP) (EMERGENCY PHONE #)

| ACTIVITY NAME | SESSION | DAY | TIME | FEE |
|---------------|---------|-----|------|-----|
|               |         |     |      |     |
|               |         |     |      |     |
|               |         |     |      |     |
|               |         |     |      |     |

TOTAL AMOUNT DUE \$ \_\_\_\_\_

**Parents/Participant Waiver**

The City of Livonia and the Livonia Department of Parks and Recreation, its officials and representatives, either employed or voluntary, assume no responsibility whatever for any injury by the participant in the Parks & Recreation activity. Further, to the best of my ability, I hereby certify that I/my child is in good health and physically able to participate in this activity and acknowledge the above medical conditions. I understand that all entries are accepted with the understanding that I/my child agree to abide by the rules and regulations of the department.

I also grant permission to use photographs taken of me/my child for departmental advertisement. *Please contact our office if you do not want photographs taken.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian signature if under 18)

**How did you hear about us? Please check one of the following:**  
 Past Enrollee  L Magazine  Friend  Website  Facebook  Other \_\_\_\_\_

**METHOD OF PAYMENT**

**CHECK**

MAIL TO OR WALK IN TO:  
**MAKE CHECK PAYABLE TO:** CITY OF LIVONIA  
 CITY OF LIVONIA  
 DEPARTMENT OF PARKS AND RECREATION  
 15100 HUBBARD  
 LIVONIA, MI 48154-3097

**PLEASE DO NOT SEND CASH**

**CREDIT CARD**

MASTERCARD  DISCOVER  VISA

Cardholder's Name \_\_\_\_\_  
(Please Print Clearly)

Card # \_\_\_\_\_ V-CODE \_\_\_\_\_

Exp. Date \_\_\_\_\_ Amount \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Rec Center Fax: 734-466-2929 **FAX THIS FORM** P & R Fax: 734-466-2679