

Riegel Ridge Community Center Program Registration

Fill out one form for each person and program.

Payment is due at time of registration

Note: REFUNDS ARE OFFERED FOR MEDICAL REASONS ONLY AND REQUIRE A DOCTOR'S NOTE.

PLEASE PRINT INFORMATION

Program Name: _____

Level or Rank (if applies): _____

Program Start Date: _____

Participant's Name: _____
(first) (last)

Age & Grade: _____

Parent/Guardian's Name: _____
(first) (last)

Address: _____
(# & Street) (city/state/zip)

Daytime Phone# _____ Cell Phone# _____

E mail Address: _____

In consideration of your accepting my entry or my child's entry, I hereby for myself, my child, my heirs, executors and administrators waiver and release any and all rights and claims for damages I or my child may have against the Township of Holland, Holland Township Parks & Recreation Department, its officials and employees, and volunteers for any injuries suffered by myself or my child at any activity sponsored by these groups. I understand that REFUNDS are not offered for any reason other than a medical condition and a doctor's note will be required.

Signature of Participant/Parent: _____ Date: _____

If paying by check a Driver's License # is required:

D.L. # _____ Expiration Date: _____

Amount paid: _____ Check # _____ Trans. # _____ Employee Initial _____