

Byron Township Recreation Registration Form

Participant's Name: _____

Age: _____ Birthdate: ____ / ____ / ____ Grade: _____ Male / Female

Address: _____

City: _____ Zip: _____ Resident: _____ Non-Resident: _____

Phone: _____ Alternate Phone: _____

Email: _____

Program Name	Start Date	Cost
	TOTAL COST	\$

Waiver: I realize that by participating in this program there may be a certain amount of risk involved and that injuries may occur. I realize that by signing this form, I will not hold Byron Township or Byron Township employees responsible for any injuries that may occur in the Byron Township Recreational program.

Name Printed: _____

Signature: _____

NOTE: A resident must live within Byron Township or the Byron Center Public School District.

How to register: Mail or drop off the registration form and fee to the Byron Township Recreation Department located at 8085 Byron Center Ave, Byron Center, MI 49315. Cash or Checks are accepted. *Make checks payable to:* Byron Township

If you have any questions please call 878-1998.

For Office Use Only: Date Paid: _____ Cash: _____ Check: _____ Amount Paid: _____ Receipt #: _____