

Summer Adventure Club

Registration Form

Please choose only one session

Morning (9:00-12:00)

Afternoon (1:00-4:00)

Child's Name _____

Birthdate _____ Age _____ (6-12 yrs)

Address _____ City _____

Residence: (Select only one)

City of
Sturgis

Fawn River
Township

Sherman
Township

Sturgis
Township

Burr Oak
Township

Other

Parent Name _____ Home Phone _____

Employer _____ Work Phone _____

Parent Name _____ Home Phone _____

Employer _____ Work Phone _____

Other Emergency Contact _____

Relation _____ Phone Number _____

Allergies/Medications _____

Release of Information for Social Media & Advertising:

The Doyle Community Center and Sturgis Recreation maintain a Website and Facebook page, as well as produce advertising flyers to highlight the accomplishments of our programs and to inform the community of upcoming events & activities. In creating these publications, it may become necessary to post pictures of previous participants involved with the activities. All material to be posted will be for appropriate content and relevancy. If you do not wish to have your photo posted in the publications, please notify the Director, in writing, upon receiving this notification, that posting of photos is not permitted. Thank you!

Participation Waiver:

In consideration on the acceptance of my child's participation, I, the undersigned, for myself, my executors, administrators, heirs and assignees do hereby release and discharge the City of Sturgis and their officials and employees, other contributors and volunteers of all claims of damages, demands or actions whatsoever in any matter arising or growing out of my child's participation in the Doyle Community Center and Sturgis Recreation Department programs, including travel to and from. Although care will be taken to provide the safest possible program, I acknowledge that there are certain risks involved. Parent or Legal Guardian MUST sign for youth under the age of 18.

Parent Signature _____ Date _____