



Pittsfield Township Parks & Recreation

701 W. Ellsworth Rd., Ann Arbor, MI 48108

734.822.2120

Registration Form

Parent/Guardian Last Name: _____ Parent/Guardian First Name: _____

Parent Birthdate: _____ Gender: M/F

Mailing Address: _____ Zip: _____ City: _____

Email: _____

Primary Phone: _____ Secondary Phone: _____

Participant Name	Birthdate	Male/ Female	Grade	Class Name & Session	Day/Date/ Time	Fee

Make checks payable to: Pittsfield Township Parks & Recreation

How did you hear about us?: Brochure Website Family/Friend Facebook Flyer _____

In order to preserve the safety and well-being of youth participants in Pittsfield Township Parks and Recreation programs, we expect all employees and volunteers to follow these protocols:

- Ensure that a child is never alone with an adult staff or volunteer.
- There will never be corporal punishment of a child.
- If a child reports anything inappropriate to a staff member or volunteer, they will report it to the Parks and Recreation Coordinator/office immediately.
- If a staff member or volunteer sees anything inappropriate, they will report it to the Parks and Recreation Coordinator/office immediately.

In consideration of Pittsfield Charter Township accepting this registration and allowing me/my child to participate in this program, I hereby accept all responsibility for injury or loss to myself and/or my child while participating in the above-mentioned programs, release Pittsfield Charter Township, its officers, employees, agents, volunteers, contractors and cooperating entities from liability for personal injury, property damage or other loss resulting from participation in the program, and agree to indemnify and hold harmless Pittsfield Charter Township for any claims arising from such injury, damage or loss. I also authorize Pittsfield Charter Township to use photographs of my child or myself for educational and promotional purposes, including its website. I understand that I will not be compensated for providing this authorization of the use of any photos for Township purposes.

Signature

Date

Please complete additional registration information on reverse side

PEE WEE SOCCER/ HOT SHOT SOCCER

Child's Age: _____ T-Shirt Size: S (6-8) M (10-12) L (14-16) XL (Adult Sm)

(Parents are required to take concussion training- <http://www.cdc.gov/headsup/youthsports/training/index.html>)

School: _____

Special Requests: _____

We ATTEMPT to match up all children with other children from the schools they attend, or you may sign up as a team, (Up to 12 players).

THERE IS NO GUARANTEES THAT WE CAN HONOR ALL SPECIAL REQUESTS!

T-BALL

Child's Age: _____ T-Shirt Size: S (6-8) M (10-12) L (14-16) XL (Adult Sm)

(Parents are required to take concussion training- <http://www.cdc.gov/headsup/youthsports/training/index.html>)

Choice of Day for Games/Practices: Monday/Wednesday Tuesday/Thursday

School: _____

Special Requests: _____

We ATTEMPT to match up all children with other children from the schools they attend, or you may sign up as a team, (Up to 12 players).

THERE IS NO GUARANTEES THAT WE CAN HONOR ALL SPECIAL REQUESTS!

MACHINE PITCH

Child's Age: _____ T-Shirt Size: S (6-8) M (10-12) L (14-16) XL (Adult Sm)

(Parents are required to take concussion training- <http://www.cdc.gov/headsup/youthsports/training/index.html>)

Pant Size: S (6-8) M (10-12) L (14-16) XL (Adult Sm)

School: _____

Special Requests: _____

We ATTEMPT to match up all children with other children from the schools they attend, or you may sign up as a team, (Up to 12 players).

THERE IS NO GUARANTEES THAT WE CAN HONOR ALL SPECIAL REQUESTS!

COACHES

Are you interested in coaching? Coach Assistant

Soccer T-Ball Machine Pitch

Name: _____ T-Shirt Size: AS AM AL AXL AXXL

Special Requests: _____

Coaches are required to complete a criminal and motor vehicle record history check & concussion training.

<http://www.cdc.gov/headsup/youthsports/training/index.html>