Make Checks Payable and Mail to: City of St. Johns P.O. Box 477 St. Johns, MI 48879
Registration Form for all activities

Parent/ Guardian Name _____E-mail Address_____

Address_____
City State Zip
Home Phone_____ Work_____

I would like to volunteer/coach for the following youth program. _____
I recognize that my participation in sporting activities and athletic competition subjects me to certain risks of physical injury. I hereby assume this risk as my own and all responsibility for any such injuries as they relate to said participation in sports/**recreational** activities on City property **or properties used for City recreational activities.** By signing this document I agree to waive any rights or claims I may have for damages arising from injuries I may receive while participating in recreational events sponsored or supported by the City of St. Johns and/or the St. Johns Recreation Department. I hold harmless the City of St. Johns and any of its employees or agents from all such claims, lawsuits, actions and/or damages.
Parent/Guardian Signature_____ Date_____

Participant's Name	Activity	Session/Date	Time	Grade	Level	Days	Program Fee	Total Fee