



City Recreation Department

Palmer Park – 2829 Armour Street
984-9760 – www.porthuron.org



Registration Form

Parent/Guardian Information

First Name _____ Last Name _____

Date of Birth _____ Address _____

Male Female City _____ State _____ Zip _____

Phone _____ E-mail Address _____

Resident Non-Resident Head of Household

Emergency Contact (must be different from parent/guardian listed)

Full Name _____ Phone Number _____

Relation _____

Child (Full Name) _____ Date of Birth _____ Male Female

Please List Any Allergies or Medical Conditions that We May Need to be Aware of:

Program Registration

#1 Class Name _____ Session/Date _____ Cost _____

#2 Class Name _____ Session/Date _____ Cost _____

#3 Class Name _____ Session/Date _____ Cost _____

Child (Full Name) _____ Date of Birth _____ Male Female

Please List Any Allergies or Medical Conditions that We May Need to be Aware of:

Program Registration

#1 Class Name _____ Session/Date _____ Cost _____

#2 Class Name _____ Session/Date _____ Cost _____

#3 Class Name _____ Session/Date _____ Cost _____

Registration Policy: If we cancel a program, you receive a full refund. Participants who cancel their class, and notify us before that class begins, will be given a credit which can be used for one year from the date of issue.

I understand and agree that the City of Port Huron, a Michigan Municipal Corporation, and its employees, assume no responsibility for any injury or property damage or loss that might be suffered during the activity or program indicated above by the participant and/or Parent or Guardian and that the participant and/or Parent or Guardian assumes the risk for personal injury or loss or damage to property.

Parent/Guardian Signature Required