Rolling Hills County Park Program Registration One form per participant Participant Name______ Birth Date: ____/____ Name of Guardian_____ Phone Number _____ Street Address_____ City____ Zip____ Email Address (for confirmation receipt) ____ Class Title/Activity # **Class Time Dates or Session Letter** Fee **TOTAL DUE \$** WAIVER **PAYMENT** I attest that I/my child am/is physically capable of participating in the ☐ Check Enclosed (Payable to WCPARC) above programs for which I have registered and hereby release ☐ Charge to Visa, MasterCard or Discover WCPARC from any responsibility whatsoever for personal injuries, damages, or loss of equipment resulting from participation Exp. Date_ / Signature of Parent/Guardian Date Signature (only if paying by credit card) 2 Ways To Register: 1. Mail or drop off completed form and payment to Rolling Hills Park 7660 Stony Creek Road Ypsilanti, MI 48197 2. Fax form and payment information to (734)484-9703

	OFFICE USE ONLY:	Cneck #	Cash Amt	CC Approved	Staff Initials	Date