

Enrollment Form

FOR MAIL, FAX OR EMAIL ENROLLMENT
PLEASE PRINT CLEARLY -- COMPLETE ENTIRE FORM and SIGN

Registrations will be processed UPON RECEIPT for Shelby Township and Utica residents. ENROLLEES WILL BE NOTIFIED IF A CLASS IS FULL, CANCELLED OR REQUIRES A SUPPLY LIST. A receipt will be sent via email if you have provided an email address. If you would like a receipt mailed to you, please include a self-addressed, stamped envelope with your mail-in or drop-box registration. DON'T FORGET TO SIGN THE SIGNATURE LINE. Include your check, money order or credit card information. Make checks payable to: SHELBY TOWNSHIP PRM. PLEASE NOTE, EVENT TICKETS not sold in person will be assessed a \$2 mailing fee if the receipt cannot be emailed. THIS DOES NOT apply to class registrations.

First Name _____ Last Name _____
Gender _____ Date of Birth _____ Grade _____ Activity # _____ Activity Name _____
Start Time _____ Start Date _____ Activity Fee _____ Non-Res Fee if Required _____
Total Fee: \$ _____

First Name _____ Last Name _____
Gender _____ Date of Birth _____ Grade _____ Activity # _____ Activity Name _____
Start Time _____ Start Date _____ Activity Fee _____ Non-Res Fee if Required _____
Total Fee: \$ _____

PAYMENT INFORMATION

Check/Money Order # _____
Credit Card - circle Visa Mastercard Credit Card # _____
Cardholder's Name _____ Expiration Date _____

Fax-in registrations are accepted with credit card payment only. **Fax forms to 586-726-7228.**
You may also **email your form to us at shelbyprm@shelbytp.org.**
Mail registration forms to:

Shelby Township PRM
14975 21 Mile Road
Shelby Township, MI 48316-3572

PLEASE PRINT CLEARLY & SIGN BELOW

Street Address _____ City, Village or Township _____
ZIP Code _____
Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____
Name of Parent or Guardian of Minor Child _____
Emergency Contact Person _____ Emergency Phone _____
Relationship to Enrollee _____

PLEASE COMPLETE APPLICABLE INFORMATION:

Jersey/Shirt Size: Youth Adult XS S M L XL
Is someone in the household volunteering? Circle: Coach Asst Other _____
Name _____ Phone _____
Team with (name) _____

NOTE REGARDING PRINTING ERRORS - Our office staff does its best to make sure the information, including fees and dates contained in our catalog, on flyers and posted online is correct. However, mistakes are made. We apologize for any misprints, but reserve the right to charge the corrected fee where an error is found.

WAIVER OF LIABILITY - In registering for the above, I hereby release the Charter Township of Shelby, its representatives, successors and instructors of all liability for all types of damages or injuries, whether foreseeable or not, sustained by myself, my child or other family members while participating in, observing, and traveling to or from the above listed activity. In addition, I hereby give my permission for the use of photos, video or other likenesses of me or my minor child to be used in promotional materials for Shelby Township.

PLEASE SIGN HERE _____ (Signature of Student or Parent of Minor Student)

FOR OFFICE USE ONLY

Processed by _____ Date _____ Receipt # _____
Fax _____ Email _____ Mail _____ Drop-Box _____
Notes _____