



Novi Parks, Recreation & Cultural Services

Registration Form

Participant Name: First _____ Last _____ Birthdate _____

M/F

Parent/Guardian Name: First _____ Last _____ Birthdate _____
(If participant is under 18 years of age)

M/F

Address _____ City _____ State ____ Zip _____

Phone: Primary (____) _____ Secondary (____) _____

Email Address _____

Is this a new address? How did you hear about our program? _____

Should we be aware of any allergies or special conditions (physical or otherwise)?

Adult Program Name	Program Date	Price

Youth Program Name	Program Date	Name of Child Registering	Grade & Birthdate	Shirt Size YS-AXXXL (if applicable)	# of Prior Seasons of Experience	Price

Do you have any player/coach requests? _____

What nights are you NOT available to practice? (select 2 only) Mon Tue Wed Thu Fri

Are you interested in coaching? Yes No

Coach Phone/Email/Shirt Size: _____

Interested in sponsoring a PRCS event, program or youth sports team? Yes (we will contact you) No

Would you like to opt-in to receive text messages updates? Yes No Cell Provider: _____

← See other side for General Information/Payment/How To Register →

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Release, Waiver and Assumption of Risk. (Must be signed before participating in any event or activity)

As a registered participant, or parent/legal guardian of a registered participant, in the listed activity or event, I am aware of and understand the risk involved with my, or my child's, participation in this activity, including, but not limited to, cuts, bruises, broken bones, and other injuries, damages, or losses. I hereby agree to assume all risk of injury, damage to persons or property, or death resulting from my, or my child's, participation in this activity or event and the use of City of Novi facilities or services. I hereby release and discharge the City of Novi, its officers, agents, employees, volunteers, sponsors, and organizers from any and all liability for any injury (including but not limited to death, damages, or loss, that arises due to negligence or gross negligence) that I, or my child, may have or incur as a participant in the listed activity or event, and further agree to indemnify and hold harmless the City and its officers, agents, employees, volunteers, sponsors, and organizers from and against any and all liability that may be suffered by me or my child as a result of, or in any way connected to, my or my child's participation in the listed activity or event. This Release, Waiver and Assumption of Risk shall be binding upon my heirs and dependents.

Online Classes/Remote Access to Events. I understand that in order to ensure an atmosphere conducive to education, instructors and administrators may mute, screen, remove, or further ban participants for disruptive, lewd, obscene, threatening, or unlawful behavior.

Online Activities and Competitions. The City of Novi is not responsible for access to your identity, profile, or personal information by third parties in connection with any online activities, including online competitions. It is the responsibility of the user to protect the user's identity, profile, and personal information. The City does not monitor its online competitions for language or conduct; each user, or their parent/guardian, is responsible for such monitoring and determination whether to participate. I understand that in order to ensure an atmosphere of sportsmanship and skill competition, league participants may be penalized for any threatening, obscene, lewd or other unlawful behavior, up to and including being prohibited from competing or forfeiting past competitions.

Photo/Video Authorization. I hereby give my consent for the City of Novi to use photos/video coverage of myself and/or minor child participating in a City of Novi sponsored program or event in future marketing materials. I acknowledge those pictured will only be named with their consent, or parent/guardian consent if younger than 18 years of age. I acknowledge event attendees must contact the photographer at the event if they wish themselves/their children to not be photographed.

Health of participant. I verify that I am or my child is in good physical condition and do/does not have any signs or symptoms of illness of any kind that would either affect my or my child's ability to participate in the listed activity or would lead to the transmission of a disease or infection to others.

Signature _____ Date _____
(Participant or Parent/Guardian Signature if Under 18)

Special Needs/ADA . If anyone requires special accommodations to attend or participate in a Novi Parks program or activity, please call (248) 347-0400 or email noviparks@cityofnovi.org at least 48 hours prior to the event.

How to Register

Online at cityofnovi.org



Drop Off/Mail

Check payable to Novi Parks
45175 Ten Mile Road
Novi, MI 48375
248.347.0400

Refund policy is available at cityofnovi.org

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