

HALLOWEEN STROLL ONLY

CITY OF PORT HURON • REGISTRATION FORM • PARKS & RECREATION

1. PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____ D.O.B. _____

Street Address: _____ City: _____ ZIP: _____

Phone: _____ EMAIL: _____

2. TIME: (PLEASE SELECT TIME BELOW)

10:00AM 10:30AM 11:00AM 11:30AM 12:00PM 12:30PM

3. PLEASE LIST THE CHILDREN ATTENDING IN YOUR GROUP:

Last Name: _____ First Name: _____ D.O.B.: _____ (M/F) _____

ALLERGIES: (Y / N) _____

Last Name: _____ First Name: _____ D.O.B.: _____ (M/F) _____

ALLERGIES: (Y / N) _____

Last Name: _____ First Name: _____ D.O.B.: _____ (M/F) _____

ALLERGIES: (Y / N) _____

Last Name: _____ First Name: _____ D.O.B.: _____ (M/F) _____

ALLERGIES: (Y / N) _____

3. PHOTO & VIDEO RELEASE SIGNATURE YES NO

I give permission for photographs and/or videos of myself and/or my child to be used by the Port Huron Parks and Recreation Department for promotional use (i.e. brochures, association publications, web-based media - blogs, websites, e-newsletters, videos) with no limitation. I understand that these photos can be viewed by anyone but no identifying information will be displayed.



PARTICIPANT/GUARDIAN SIGNATURE: _____

4. READ & SIGN THE WAIVER

READ & SIGN THE RELEASE OF LIABILITY AND INDEMNITY/HOLD HARMLESS AGREEMENT

Registration Policy: If we cancel a program, you will 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.

Liability Release: 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/Guardian assumes the risk for personal injury or loss or damage to property.

On behalf of myself and My child, I release and agree to the fullest extent permitted by law, to save, hold harmless and indemnify Member and its officials, employees, volunteers and agents from any and all liability for loss, cost, claim or damage whatsoever that may be imposed on or incurred by them because of or in any way related to the participation or attendance of My child at the activities.



Signature of Participant, Participant Parent, Legal Guardian or Legal Custodian

Date

For Mailed or Faxed in Registrations Only

Port Huron Parks & Recreation
Palmer Park Recreation Center
2829 Armour Street
Port Huron, MI 48060

By Fax: 810.984.0192 (Credit Cards Only - Provide the Following Information)

Credit Card Number: _____ - _____ - _____ - _____

3 Digit Code on Back of Card: _____ Expiration Date: _____ / _____

Authorized Signature: _____

Printed Name on Card: _____



REGISTER 24/7 @ WWW.PORTHURONREC.COM

SORRY, WE ARE UNABLE TO ACCEPT PHONE REGISTRATIONS.

8/8/22 REV