

General Hype Activities Registration Form

Please send Registration Forms & Fees to: Hype Athletics Community, P.O. BOX 186
Dearborn, MI 48121-0186

First Name: _____ Last Name: _____ DOB: _____
Address: _____ City: _____ Zip: _____
Phone: Home _____ Work _____ Cell _____
Parents Name: _____ Grade in Fall 2010: _____ School: _____
*Email Address: _____

Program / Activity Information

Name/ Cost Program 1: Name _____ \$ _____
Program 2: Name _____ \$ _____
Program 3: Name _____ \$ _____
Please Add a \$3 Processing Fee (Only one fee per application & family) \$ _____
Total: \$ _____

Payment Method: (Check One) Check _____ Check # _____ Money Order _____
Please Make Checks Payable to: Hype Athletics Community **(Do Not Send Cash)**
Circle One Master Card Visa Discover AM EX
Name on Card _____ Credit Card Number _____ Exp Date _____

Weight _____ Height _____ ft _____ inches T-shirt Size _____ Short Size _____
(Youth sizes med – large)
(Adult sizes sm – xxxl)

Medical Conditions: _____

Emergency Contact Name _____ Phone _____

Hold Harmless Agreement

Hype Athletics Community & The City of Dearborn Recreation Department & The City of Dearborn waiver Agreement :

I hereby agree to release and waive all claims for injuries, damages, losses or action, arising out of my participation in events sponsored by Hype Athletics Community, The City of Dearborn Recreation Department, and The City of Dearborn and all respected staff members.

* I have read and understand the application and procedure and agree that this information about me is correct. (Guardian signature required)

Guardian Signature

Participant Signature

Date
