



# TMCS REGISTRATION FORM

CLASS # \_\_\_\_\_ CLASS NAME: \_\_\_\_\_ FEE: \$ \_\_\_\_\_

CLASS # \_\_\_\_\_ CLASS NAME: \_\_\_\_\_ FEE: \$ \_\_\_\_\_

CLASS # \_\_\_\_\_ CLASS NAME: \_\_\_\_\_ FEE: \$ \_\_\_\_\_

## PARTICIPANT INFORMATION – PLEASE PRINT

Name \_\_\_\_\_  
(First) (Last)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Check One:  Tipp City Resident  Monroe Township Resident  Non-resident

## PARENT/GUARDIAN INFORMATION IF UNDER 18 – PLEASE PRINT

Mother's Full Name \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

The above enrollee or legal guardian of said enrollee in consideration of the activity indicated hereby releases and discharges Tipp Monroe Community Services, Inc., the City of Tipp City, the Monroe Township Trustees, and the Tipp City Exempted Village Schools and their agents and assignees from any liability whatsoever, and will hold them harmless from any judgement brought against them. **Please note that photos taken at TMCS activities may be used in our brochures, social media, and other publications.**

PRINT NAME: \_\_\_\_\_ (Parent or Legal Guardian)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PAYMENT INFORMATION - OFFICE USE ONLY

Late fee: \_\_\_\_\_ Fee: \_\_\_\_\_ Total Amount: \_\_\_\_\_  Cash  Credit Card  Check # \_\_\_\_\_

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ (Initials)

RECORDED \_\_\_\_\_ DATE \_\_\_\_\_