

Daddy Daughter Dance

a very special day for you & your daughter!



Sunday, February 16
1:00pm-3:30pm
NEW location: The Mirage

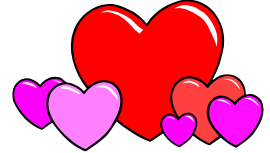
Resident Fee: \$21.00/person
Non-Resident Fee: \$27.50/person

To be eligible for the resident rate, one member of the couple must reside in Clinton Township.

Online registration is NOT available!

Day includes:

- ✧ Lunch
- ✧ Dancing
- ✧ Family photo of you & your daughter(s)
- ✧ Keepsake for each daughter
- ✧ Prizes and contests
- ✧ Mommarazzi photo op- Moms Invited!
(Photo area will open 30 minutes prior to dance time & moms will be restricted to the photo area)



To sit with specific families, you **must** submit your registration forms at the same time. The maximum is 10 people per table. Each household must have their own form.

Seating requests are due by Monday, February 10

Please make as many copies of this flyer as you need and fax, mail or drop them off at the Recreation office.

Don't wait to register!! This event will sell out!

Presented By:



Adult First Name:			Adult Last Name:				
Address:		City:			Zip:		
Home Phone:		Daytime Phone:		Email:			
Emergency Contact #1:			Emergency Contact #2:				
Participant's Last Name	Participant's First Name	T-Shirt Size	Date of Birth	Gender	Activity Number	Activity Time	Fee
		n/a					
		n/a					
		n/a					
		n/a					
<input type="checkbox"/> Check here is you need accommodation in order to fully participate in any activity. You will be contacted to discuss your specific needs.			Please list any seating requests – requests only taken until Monday, February 10				
Please list any allergies the Recreation Department should be aware of							

WAIVER OF LIABILITY, WARRANTY OF PHYSICAL HEALTH, PHOTO RELEASE & PARENTAL CONSENT

We acknowledge that participation in recreational activities carries the risk of serious injury or death from occurrences during activities, including, but not limited to; being struck by objects, slip, trip or fall, being injured by other participants, and other health hazards. We fully release and absolve from liability the Charter Township of Clinton, its employees, agents contractors and those in concert and participation with it from any and all liability, injury or damages on behalf of our child, and individually on behalf of ourselves. This release extends to personal and bodily injury, as well as property damage. The above includes a waiver of liability and should be read carefully and fully before signing. I the undersigner, hereby agree to allow the individual(s) named heron to participate in the Charter Township of Clinton Parks and Recreation activities. I certify that, to the best of my knowledge, the participant(s) named heron is/are physically fit and able to engage in Parks and Recreation activities. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant. We, being either the natural or adoptive parents or legal guardian for the individuals whose names are set forth on the registration form, represent and warrant that the child is physically healthy and able to participate in the activities for which the child is registered, acknowledging the full understanding of such activities and an opportunity to review with the Department any and all questions regarding such activities. We further represent that we have full authority on behalf of such child or children to consent to the child's participation and do consent to such participation. I hereby authorize the Charter Township of Clinton Parks & Recreation Department to use all photos, both video and audio portion of video tapes on which I or my dependent appears. I understand that portions of these tapes may be used in other programs, training aids, and production at the discretion of the Township of Clinton Parks and Recreation.

Signature X _____ Print Name _____

Check here to opt out – I do not authorize the use of any photos, video, or audio in which I or my dependent appear.

Credit Card Information :: Please Fill Out Completely :: Credit Card Information

Total : \$ _____ Signature X _____

Check One: Visa M/C CVS (3 digit code on back) _____ Exp Date ____ / ____

Credit Card #: _____

Contact Us At:
586-286-9336 (Office)
586-723-8282 (Fax)
Recreation@ClintonTownship.com

Checks Payable to C.T.P.R.
Send To: 40700 Romeo Plank Rd,
Clinton Twp, MI 48038