



Your spot in the After-School program will be secured with the completion of:

1. \$40/ Child deposit (applied to last month) **non-refundable**
2. Completion of automatic withdrawal form
3. Completion of this form

First Payment will be taken at the beginning of the school year.

Any changes or cancellations must be made by the 15th of the previous month to avoid existing charges.

5 Days/ Week \$110 month (per child)

3 Days/ Week \$90 month (per child) Which Days? (circle) M T W Th F

Family Membership Obtained (REQUIRED)

Date Membership Expires: _____

Office Use Only

Registration Completed: _____

Payment Type: _____

Date: _____ Amount: _____

Or signed up for Auto Credit Card INITIALS

Participant's Last Name	First Name	M/F	Grade 2018-19
Participant's Last Name	First Name	M/F	Grade 2018-19
Participant's Last Name	First Name	M/F	Grade 2018-19

Street Address _____ City _____ Zip Code _____

Home Phone # _____ Email Address (email serves as a primary form of contact) _____

Name of Parent/ Guardian _____ Phone # _____

Name of Parent/ Guardian _____ Phone # _____

Please indicate any allergies/health concerns/physical limitations:

I understand that Freeland Community Sports Association (FCSA) and Tittabawassee Township DDA & its departments, employees, agents, sponsors, co-sponsors, & contractors—assume NO responsibility for any injury that may be suffered by the participant and that participant assumes all risk, personal injury, loss & damage of property. Fully release from liability and/or damages, Tittabawassee Township and all its parties from injury or damages on behalf of our child and/or ourselves. In case of emergency I give consent to emergency medical treatment.

Parent Signature _____ Date _____