

Parks & Recreation

City of Tecumseh

AJ Smith
Recreation
Center

810 N. Evans Street ♦ Tecumseh, MI 49286 ♦ Phone: 517-423-5602 ♦ www.mytecumseh.org

Open Gym and After School Drop-in for Grades 5 – 12 only

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Contact Phone: _____

The after school program runs Monday through Thursday from 2:30 – 4:30 PM. Children must be picked up at 4:30 or have arrangements to leave the Recreation Center at that time.

Code of Conduct:

- I will not use drugs, tobacco, or alcohol on the premises of the AJ Smith Recreation Center.
- I will demonstrate good sportsmanship and cooperate with the Parks and Recreation staff.
- I will be respectful of the facilities and use the sports equipment in the manner intended.
- Fighting will not be tolerated.
- **I understand that if I am uncooperative and fail to act in an appropriate manner, I will be asked to leave the premises and may not be allowed to participate in future Parks & Recreation programs.**

Acknowledge of Warning and Assumption of Personal Responsibility for Injury:

I hereby acknowledge that I have been properly advised, cautioned, and warned by the City of Tecumseh Parks and Recreation Department that by participating in the activity named above, I may be exposed to the risk of injury, including but not limited to, the risk of sprains, fractures, ligaments of cartilage damage which could result in the temporary or permanent, partial or complete, impairment in the use of his/her limbs; brain damage; paralysis or even death. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury to myself, which may result, I give my consent to participate in the City of Tecumseh Parks and Recreation Program. I realize that there is no Benefit Fund and I will assume personal responsibility in the case of injury resulting from participation in this activity. Moreover, I realize the City of Tecumseh Parks and Recreation does not necessarily guarantee the presence of trained medical personnel on site at every activity.

Parent Signature: _____ Date: _____

Child's Signature: _____ Date: _____

OFFICE USE ONLY

Received by: _____ Date: _____