

For more information, please call, e-mail or stop by the MRA office.

(231) 723-9274 e-mail: manisteerec@att.net

50 Filer St. Suite D, Manistee, MI 49660 www.manisteeemra.org



Manistee Recreation Association Registration Form

Name _____ Age ____ Grade (current) _____

Address _____ City _____

Home _____ Cell _____

Names of siblings participating in programs selected: _____

If you would like to be a part of our e-mail mailing list please add your e-mail address:

Select Program

- Swimming Lessons for (Kids/Adults); (Tot Swim)
Fall Winter Spring June July
- Deep Water Workout Flag Football
- Soft Soccer Clinic Lifeguard Certification
- CPR Challenge Soccer Referee Clinic
- MRA Baseball: Tots T-ball Midget League
- MRA Soccer: Fall Spring Kiwanis Tennis Camp
- Tai Chi Falling For Fitness
- Other Activity: _____

Mark your Township

For Participating Residences

- Bear Lake Brown
- City of Manistee Filer
- Manistee Onekama

For Non-participating Residences

Please List Township _____

Interested in Coaching? Y N

Coach Contact info: _____

Please list any medical conditions that the MRA instructors, coaches, or staff should be aware of:

I hereby certify that it is with my full knowledge and consent that the individual identified above may take part in the MRA program specified. Further, I will not hold the MRA, its staff, whether paid or volunteer, responsible for any loss or injury that may be incurred as a result of participation in the specified program. Please note that the registered individual may be photographed at different events for the sole purpose of MRA publications.

Signed: _____ Date: _____

Date Paid: _____ Office Use Only Letter Received: _____

Amount Paid: _____ Check#: _____