

Dog Park Pass Application

For Office Use Only				

Pass Access #

Head of Household (First & Last Name): _____ Date of Birth: _____ Male / Female

Address: _____ Apt #: _____

City: _____ Zip: _____ Email: _____

Phone: (Primary) _____ (Secondary) _____ (Other) _____

Emergency Contact #1 (Req.)

Name: _____ Relation: _____

Primary #: _____ Alt. #: _____

To complete application you must also provide the following

<input checked="" type="checkbox"/> Photo ID verifying residency	<input checked="" type="checkbox"/> Proof/copy of current dog license
<input checked="" type="checkbox"/> Proof/copy of current required vaccination	<input checked="" type="checkbox"/> Initial Code of Conduct Form
	<input checked="" type="checkbox"/> Payment

Annual Fees and Park Hours:

 Resident: \$12.00

 Non-resident: \$24.00

 Purchase of Card: \$5.00

 Senior Resident: \$10.00

 Senior Non-resident: \$20.00

 Purchase of Card: \$5.00

 April – September: 7 a.m. - 10 p.m.

 October - March: 7 a.m. - 8 p.m.

Payment Method: Cash Check payable to: Treasurer City Of Sterling Heights # _____ Charge

Visa/MC/Discover # _____ + 3 digit _____ Exp. Date: _____

For Visa/MC/Discover charges please sign here: _____

DEPARTMENT OF PARKS AND RECREATION RELEASE, WAIVER AND PARTICIPATION AGREEMENT

In consideration of the City of Sterling Heights, City of Sterling Heights Department of Parks and Recreation ("City") allowing me to participate in the City programs, I agree to the following: (A) I assume all risks of injury and property damage and accept all responsibility in case of accidents, injury or death. (B) I release and agree not to sue the City, its elected or appointed officials, employees and others acting on its behalf, for any claim, damages, costs or cause or action which I may have or suffer or may in the future have or suffer as a result of any accident, injury including death or damages sustained or incurred while participating in any City program. (C) I also agree that in the event that my participation in the program is terminated, I will be responsible for my transportation expenses home.

I acknowledge I have read and understand the above release, waiver and participation agreement and agree to abide by its terms and conditions.

Pass Holder Signature

Date

Name (Print)

DOB

Dog #1 Information

<u>Dog Name</u>	<u>Breed</u>	<u>Color</u>	<u>Age</u>	<u>Sex</u>	<u>Dog License # City & State</u>	
				M F		
<u>Spayed/Neutered</u>		<u>Vaccine</u>	<u>Expiration</u>	<u>Vaccine</u>		<u>Expiration</u>
Date: ____ / ____ / ____		Distemper	____ / ____ / ____	DHPP w/ Lepto		____ / ____ / ____
<u>Rabies</u> <u>Expiration</u>		Hepatitis	____ / ____ / ____	OR		
Date: ____ / ____ / ____		Parvovirus	____ / ____ / ____	DAPP w/ Lepto		____ / ____ / ____
<u>Bordetella</u> <u>Expiration</u>		Parainfluenza	____ / ____ / ____			
Date: ____ / ____ / ____						

AND

Dog #2 Information

Dog Name	Breed	Color	Age	Sex	Dog License # City & State		
				M F			
<u>Spayed/Neutered</u> Date: ____/____/____		AND	<u>Vaccine</u>	<u>Expiration</u>	OR	<u>Vaccine</u>	<u>Expiration</u>
			Distemper	____/____/____		DHPP w/ Lepto	____/____/____
			Hepatitis	____/____/____		—	—
			Parvovirus	____/____/____		DAPP w/ Lepto	____/____/____
			Parainfluenza	____/____/____			
<u>Rabies</u> <u>Expiration</u> Date: ____/____/____							
<u>Bordetella</u> <u>Expiration</u> Date: ____/____/____							

Dog #3 Information

Dog Name	Breed	Color	Age	Sex	Dog License # City & State		
				M F			
<u>Spayed/Neutered</u> Date: ____/____/____		AND	<u>Vaccine</u>	<u>Expiration</u>	OR	<u>Vaccine</u>	<u>Expiration</u>
			Distemper	____/____/____		DHPP w/ Lepto	____/____/____
			Hepatitis	____/____/____		—	—
			Parvovirus	____/____/____		DAPP w/ Lepto	____/____/____
			Parainfluenza	____/____/____			
<u>Rabies</u> <u>Expiration</u> Date: ____/____/____							
<u>Bordetella</u> <u>Expiration</u> Date: ____/____/____							

Dog #4 Information

Dog Name	Breed	Color	Age	Sex	Dog License # City & State		
				M F			
<u>Spayed/Neutered</u> Date: ____/____/____		AND	<u>Vaccine</u>	<u>Expiration</u>	OR	<u>Vaccine</u>	<u>Expiration</u>
			Distemper	____/____/____		DHPP w/ Lepto	____/____/____
			Hepatitis	____/____/____		—	—
			Parvovirus	____/____/____		DAPP w/ Lepto	____/____/____
			Parainfluenza	____/____/____			
<u>Rabies</u> <u>Expiration</u> Date: ____/____/____							
<u>Bordetella</u> <u>Expiration</u> Date: ____/____/____							