



Registration Form

(Please Print)

PROGRAM: _____
(Class/Activity) (Days) (Time)

NAME: _____ GENDER: _____
(First) (Last) (Male/Female)

DATE OF BIRTH: _____ PHONE (Home): _____

ADDRESS: _____
(Street) (City) (Zip Code)

GRADE: _____ (2015-16) EMERGENCY CONTACT RELATIONSHIP: _____

EMERGENCY CONTACT NAME: _____
(First) (Last)

EMERGENCY CONTACT PHONE (Cell): _____

EMERGENCY CONTACT EMAIL: _____

ANY MEDICAL CONDITIONS FOR PARTICIPANT: _____

*In enrolling at Olmsted Community Center, participant understands that he/she attending the programs and using Olmsted Community Center and the facilities does so at his/her own risk. Olmsted Community Center and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises. He/She does hereby fully and forever release discharged hold harmless Olmsted Community Center, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Olmsted Community Center. Failure to do so may result in suspension from participation. **Consent:** I, the undersigned, hereby give my consent for myself/child to participate in the Olmsted Community Center Recreation Program. I understand that the Olmsted Community Center, its employees, volunteers and/or agents assume no liability for myself/child while participating in, or traveling to or from this program. I agree in case of accident to allow myself/child to be transported to the nearest medical facility by emergency medical service/Olmsted Falls Fire Department. Fully recognizing the possibility of physical injury associated with the activity which I and/or my child desires to participate in, I hereby release and discharge the Olmsted Community Center / and its officials, employees, volunteers and agents, from and against any and all claims for property damage and/or personal injury arising out of my or my child's participation in this activity. Finally, I do hereby authorize Olmsted Community Center and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials.*

(Date) (Signature of participant OR legal guardian/parent if participant is under 18 years of age) (please print)

No registration accepted without proper signature and payment. We reserve the right to cancel classes/events without prior notice. We will make every effort to notify class participants of any changes, cancellations. Sorry, No refunds.

-----Payment Information-----
Office use only

_____ Cash _____ Check: # _____ (check #) _____ Credit Card Employ In/Date: _____