

# Community Center Membership and Program Registration Form

Hilliard Recreation & Parks Department, 3800 Veterans Memorial Drive, Hilliard, Ohio 3026

Household Last Name

E-mail Address

Street Address

City

State

Zip

Primary Guardian Last Name

First

DOB

Gender

Home Phone

Work Phone

Cell Phone

Secondary Guardian Last Name

First

DOB

Gender

Home Phone

Work Phone

Cell Phone

**ADDITIONAL HOUSEHOLD MEMBERS:**

	<u>NAME</u>	<u>DOB</u>	<u>SEX</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**OFFICE USE ONLY**

CCRes/CCSDR

## Program Registration Form

Participant Name (Last, First)	DOB	Sex	Activity Number	Activity Name	Fee
			_ _ _ _ _ _ _ _ _		
			_ _ _ _ _ _ _ _ _		
			_ _ _ _ _ _ _ _ _		
			_ _ _ _ _ _ _ _ _		
			_ _ _ _ _ _ _ _ _		

**Total:**

# Notice to Participants

Participants must recognize that all classes/ activities of a physical nature involve some risk, and by registering for a class/activity of this nature, there is an assumption of risk to the participant. The City of Hilliard Recreation and Parks Department is dedicated to providing safe facilities and equipment as well as qualified staff for all participants. Every effort is made to ensure participant safety and to provide first class recreational activities, facilities and parks. In the event of a serious accident or illness, it is the policy of the City of Hilliard to 1.) Activitate our Emergency Action Plan. 2.) Call 9-1-1, the Norwich Township Fire Department for first aid and emergency treatment. 3.) Reach the parent, guardian or emergency contact as soon as the situation allows.

By signing you have read and agreed to the statements above.

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Head of Household Signature

Date

## Photo Release

By registering for any Hilliard Recreation and Parks Department program, you agree to allow publication of photos taken at any program, event or facility associated with the City of Hilliard Recreation and Parks Department unless you notify us in writing at the time of registration.

By signing you have read and agreed to the statements above.

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Head of Household Signature

Date

OFFICE USE ONLY

\_\_\_ City Resident

Amount Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

\_\_\_ SD Resident

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Non-Resident