Program Registration Form

PROGRAM REGISTRATION FORM

Please print and fill out completely!

Make checks payable to: Bay Village Recreation Department (Mail to: 400 Bryson Lane)

Name _____ Address _____

City/Zip _____ Phone _____

E-mail _____ Emerg. Phone _____

Participant's Last Name	Participant's First Name	Age & Height	Grade in Fall	Sex	Shirt Size	Activity/Program	Time	Fee
OFFICE USE ONLY:								

Wavier: By signing this form, the undersigned agrees, with the intent to be bound, to release and hold harmless the City of Bay Village, its officers, directors, agents, servants, employees, and insurers from any and all liabilities, claims and causes of action for any and all injuries to me or my children arising out of my or my child's participation, either active or passive, in any activity sponsored by the Recreation Department of Bay Village. Furthermore, this release bars all claims by the undersigned's children, heirs, assigns, executors, and administrators. In consideration for the execution of this release, the City of Bay Village agrees to allow participation in the activity for the signor or the signor's child. By signing this document I agree that the activity for which I participate involves risk of injury. I acknowledge this risk and hereby give up any and all legal rights I may have against the City of Bay Village, its officers, directors, agents, servants, and employees for injuries relating there from. I authorize the City of Bay Village to take and use without payment, photographs of me and/or my child during recreation programs/activities as needed for public relations purposes, marketing/advertising on the City Web Site or City Recreation Booklet.

Signature: _____ ____(Adult Member or Parent/Guardian for child under 18) Date: _____

Payment: ☐ Cash ☐ Check Ck#_____ (Please make checks payable to Bay Village Recreation)

☐ Credit *Circle one:* **VISA** or **MASTERCARD**

Name on Card: _____Card # _____Exp. Date: _____