



Aurora Parks and Recreation
 129 West Pioneer Trail Aurora, Ohio 44202 (330) 562-4333 Fax: (330) 995-9154

PROGRAM ACTIVITY REGISTRATION FORM

Participant Information

Activity Information

Name	Gender	Date of Birth	Age	Grade	T-shirt Size	Activity Name	Activity #	Fee
	M F	/ /			YS YM YL AS AM AL AXL AXXL			\$
	M F	/ /			YS YM YL AS AM AL AXL AXXL			\$
	M F	/ /			YS YM YL AS AM AL AXL AXXL			\$

TOTAL \$ _____

Registration Notes: (team name, team playing preferences, special needs, etc.) _____

MAIN HOUSEHOLD CONTACT: (please print)

Name: _____ **Date of Birth:** ____/____/____ **Gender:** M F
Street Address: _____ **City:** _____ **State:** ____ **Zip:** _____
Home Phone: (____) _____ - _____ **Work or Mobile Phone:** (____) _____ - _____ **E-mail address:** _____
 (circle one)

EMERGENCY MEDICAL INFORMATION: In the event of an emergency, please contact:

Name: _____ **Home Phone:** (____) _____ - _____ **Relationship:** _____
List any health problems, medications, allergies or special needs: _____

LIABILITY WAIVER FOR PARTICIPANT/GUARDIAN:

In consideration of your accepting my or my child's entry, I hereby, for myself, my child, my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I or my child may have against the City of Aurora and the Parks and Recreation Department, its representatives, successors and assigns for any and all injuries suffered by myself or my child on any activity sponsored by these groups. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with other persons or objects for the purpose of advertising and publicity only. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Aurora and the Parks and Recreation Department harmless of and from any and all liability of whatever nature which may arise out of or result from such uses. For the consideration stated above, I further agree that in the event that my child repudiates or attempts to repudiate such release, I will personally indemnify and save harmless the City of Aurora and the Parks and Recreation Department, its successors and assigns, for any and all loss and damage occasioned hereby.

Participant Signature (if 18 years of age or older): _____ **Date:** ____/____/____

Parent/Guardian Signature (if under 18 years of age): _____ **Date:** ____/____/____

PAYMENT INFORMATION:

Form of Payment: Cash Check (Payable to City of Aurora) # _____
 Visa / MC **Credit Card #** _____ **Expiration Date:** ____/____/____

FOR OFFICE USE ONLY: Entered in ActiveNet: _____ Date: ____/____/____ *Revised May 2008*