



Registration Form



CITY OF STREETSBORO PARKS & RECREATION DEPARTMENT

330-626-3802

WWW.CITYOFSTREETSBORO.COM

Registration

In Person: Visit the Parks & Recreation Department at City Hall at 9184 State Route 43, Streetsboro, OH 44241

By Mail: Complete registration forms can be mailed with full payment, check or money order, to 9184 State Route 43, Streetsboro, OH 44241. Make checks payable to The City of Streetsboro.

Cancellations: Streetsboro Parks & Recreation Department reserves the right to cancel any class or program which does not meet the minimum required participants. In the event your class is cancelled, we will notify you by phone. You may transfer to another class or program, receive a credit for a later class or program or receive a refund.

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- **Refund Policy:** Refunds or credits will be given for classes cancelled by the Parks & Recreation Department. Refunds will be granted if request is made 5 working days in advance of the first program date. A \$5 administrative fee will be withheld. Refunds will not be granted once a program begins. Exceptions: Injury which prohibits participants involvement, doctor's statement notifying participants inability to participate. Please allow 3-4 weeks for refund by mail
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Program	Participants Name	Date of Birth	Age	Male/ Female	Grade	Program Fee
		/ /		M / F		\$
		/ /		M / F		\$
		/ /		M / F		\$
		/ /		M / F		\$

Participants address (if different then parent/ guardian) _____ **Total** \$ _____

Last Name (parent/guardian) _____ First Name _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work/Cell _____ Emergency Contact _____ Phone _____

Does this participant need any special assistance? Yes ___ No ___
Explain: _____

List any health problems, medications, allergies or special meds: _____

For Office Use Only	Date: _____
Total Paid: \$ _____	Check: # _____
Receipt Number: _____	Cash: \$ _____
Received By: _____	

UNIFORM INFORMATION: SHIRT SIZE requested on this form is used as a GUIDLINE for ordering.

SHIRT SIZE IF APPLICABLE (CIRCLE ONE) **YOUTH** SM, MED, LG **ADULT** SM, MED, LG, XL

Name of **ONE** player to be on the same team for transportation reasons: _____

Please indicate any special requests in the above box. All requests must be made by the registration deadline. Requests are not guaranteed. Denial of your special requests does not constitute a valid reason for refund.

Name/phone number of Parent or Guardian that would like to coach or volunteer their services for this program: _____

Shirt Size: _____

AGREEMENT TO PARTICIPATE

I, in consideration of the permission hereby granted for my child to participate in this program, sponsored by the Streetsboro Parks and Recreation Department, agree to assume the risk of any and all personal injuries to my child, or property damage, and to hold harmless the City of Streetsboro or its agents, employees and volunteers from any and all injuries or property damage arising from this event, and hereby release any and all claims of whatever nature arising therefore.

SIGNED PARENT OR GUARDIAN understands that he/she grants permission for emergency first aid or other life sustaining medical procedures by a qualified and licensed individual on the child and assumes financial responsibility for any and all injuries, to include ambulance and hospital costs.

SIGNED PARENT OR GUARDIAN agrees to obey all Regulations set forth by the City of Streetsboro or its agents, and voluntarily agrees to participate and obey the assigned coach, supervisor or agents of the City of Streetsboro.

SIGNED PARENT OR GUARDIAN is aware of the risks involved in this event assumes such risks, and represent that his/her child is physically fit to participate.

All fees and forms must be filled out and submitted to the Parks and Recreation office before the registration deadline. Late registrations will be accepted only if space is available and if necessary program supplies have not been ordered. Late registrations will be assessed an additional \$5.00 late registration fee.

Your image may be used for promotional purposes, by signing you consent to these terms.

Signature of Parent of Legal Guardian: _____ Date: _____