

**Jefferson Community Recreation Center**  
**11 East Jefferson Street Jefferson, Ohio 44047**  
**440-576-9052**

**PROGRAM REGISTRATION FORM**  
**2023**

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 STREET ADDRESS

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_/\_\_\_\_\_  
 HOME PHONE # CELL PHONE #

\_\_\_\_\_  
 E-MAIL ADDRESS

\_\_\_\_\_  
 Parent Name

	RECEIPT #	AMOUNT PD.
JAN.	_____	_____
FEB.	_____	_____
MAR.	_____	_____
APR.	_____	_____
MAY	_____	_____
JUNE	_____	_____
JULY	_____	_____
AUG.	_____	_____
SEPT.	_____	_____
OCT.	_____	_____
NOV.	_____	_____
DEC.	_____	_____

ACTIVITY NAME	PARTICIPANT NAME	AGE	GRADE	SEX	FEE
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

**WAIVER FOR PARTICIPANT AND/BY PARENT**

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 rights and claims for damages I or my child may have against the Village of Jefferson, the Jefferson Community Recreation Center and 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 child's name, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating thereto. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the Village of Jefferson, the Jefferson Community Recreation Center harmless of and from any and all liability of whatever nature, which may arise out of result from such uses. For the consideration stated above, I further agree that in the event that my child repudiates such release, I will personally indemnify and save harmless the Village of Jefferson and the Jefferson Community Recreation Center, Its successors and assigns, for any and all loss and damage occasioned hereby:

**REFUND POLICY**—There will be no refunds after first day of class, unless class canceled by the Jefferson Community Recreation Center. All other refunds will be assessed a \$5.00 handling fee.

\_\_\_\_\_  
 SIGNATURE REQUIRED (PARENT OR GUARDIAN) DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(PLEASE COMPLETE REVERSE)

# EMERGENCY INFORMATION

EMERGENCY CONTACT \_\_\_\_\_  
PARENT OR GUARDIAN

PHONE \_\_\_\_\_

CELL \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_  
RELATIONSHIP

PHONE \_\_\_\_\_

CELL \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICATIONS A. \_\_\_\_\_

B. \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

If emergency treatment is required and the parent or emergency contact cannot be reached, may the VILLAGE OF JEFFERSON authorities use their own judgment in sending you or your child to the hospital or doctor most easily accessible?  
 (Yes)\_\_\_\_(No)\_\_\_\_\_

Does your hospital/physician have permission to administer necessary emergency treatment at the time for you or your child's safety and well being?  
 (Yes)\_\_\_(No)\_\_\_ .

If you checked "no" to either of the questions above: please write specific instructions below for the staff to follow if you or the person (s) designated above cannot be located.

\*\*\*\*\*Participants must provide his/her own insurance.\*\*\*\*\*

## CHILD PICK-UP INFORMATION

The following people have my permission to pick up my child:

	Name	Address	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

SIGNATURE \_\_\_\_\_  
Parent or Guardian

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_