

**NEW
PROCEDURE**

Fill out this form for all programs and pool passes. List each family member separately for family passes. Registration fees for ALL summer Recreation Programs need to be taken to the Chardon Municipal Center, 111 Water Street, Chardon, OH 44024. Monday - Friday; 8:00 a.m. to 5:00 p.m. Only General Admission payments will be accepted at the swimming pool. Payments may be made with check or cash. After the hours listed above, payments may be placed in the Water & Sewer drop off box at the back of the parking lot of the Chardon Municipal Center. Mail in registrations may be sent to the address listed above.



www.chardon.cc

Check No.# _____

Receipt No.# _____

program registration form

Parent / Adult Name _____
(first) (last)

Address _____
(number and street) (city) (state) (zip code)

Cell # _____ Home # _____ E-mail _____

Participant's Name

Pass #	Grade For Fall 2013	Course#	Program Title	Fee
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Make checks payable to: City of Chardon Total fees enclosed: \$ _____

PLEASE NOTE: The City of Chardon does not currently accept electronic registrations and payments.

Prepaid passes will be picked up at pool once it opens.

Does anyone listed above have any health problems that our staff should be informed about?

--- IMPORTANT: FOLLOWING STATEMENT OF WAIVER MUST BE SIGNED ---

The undersigned is registering individually or as the Parent/Legal Guardian of a minor child or both. As used below, registrant is an adult registering for an activity individually or as a Parent/Legal Guardian of a minor child.

Recognizing the possibility of physical injury associated with the use of the recreational facility and engaging in the activity and program, and in consideration of the City of Chardon and Park and Recreation Department accepting registrant for its programs and activities, the undersigned hereby assumes any risk and releases, discharges and otherwise indemnifies the City of Chardon, its employees and agents, including the owners of the facilities utilized by the City, against any claim for injuries received by the registrant and/or minor(s) as a result of participation in the program and activity or use of the City's recreational facilities or during transport to or from same, which transportation is hereby authorized.

The undersigned hereby gives consent for emergency medical care prescribed by a duly licensed physician or doctor of dentistry. This care may be given under whatever circumstances are necessary to preserve the life, limb, or well-being of the registrant and/or minor(s).

Print Name of Parent / Legal Guardian _____ Date _____

Signature of Above (required) _____ Relationship to minor(s) _____

In the Event of an Emergency Contact _____ Phone Number _____

Receipts will not be mailed. Confirmation only upon request. Unless notified that the class is full or canceled, attend first class meeting.