

Program Registration Form

Programs are non-transferable

PROGRAM REGISTRATION FORM
 Please print and fill out completely!
 Drop off or Mail to:
 Bay Village Recreation Department
 303 Cahoon Road
 Bay Village, OH 44140

Name _____ Address _____
 City/Zip _____ Phone _____
 E-mail _____ Emergency Phone _____

*** Email ONLY is used to contact you regarding updates, reminders & cancellations of classes!**

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

Waiver: 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 Credit (\$3.99 Fee)
 Ck# _____ (Please make checks payable to Bay Village Recreation Department)

Circle: VISA/MASTERCARD/DISCOVER

Name on Card: _____ Card # _____ Exp. Date: _____

Register online at www.cityofbayvillage.com

440-871-6755