| | 2017 F | all Program Re | gistratio | n Form | | |
|---|---|---|--|---|--|--|
| Parent(s) Name | | | _ | | Office Use On | l <u>y</u> |
| Address | | | | | | Cash |
| | | | | | , , | Credit Card |
| City | State Zip | | | | Total Paid Check # | |
| Phone (Home) (Cell) | (Work) | | | | Receipt Number | |
| Email Address (Required) | | | | | | |
| Emergency Contact Information must be filled out (som | eone outsi | de of the household | preferred). | | | |
| Emergency Contact Name | Phone | | | | Relationship | |
| Participant Name | M/F | Date of Birth | Age | Grade (Current or Upcoming year) | Class # | Fee |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Waiver for Applicant In consideration of permission granted to me or my child to engage in recreation consideration of permission granted to me or my child to engage in recreation che City of Pickerington, its employees, public officials, agents, officers, assign City of Pickerington premises and/or during City of Pickerington sponsored and unlikely. Further, I recognize the inherent danger involved in such activities child to receive medical treatment, which may be deemed advisable in the evolution of the medical treatment, which may be deemed advisable in the evolution of without my or my child's name, both single and in conjunction with an exhereto without compensation. I warrant that I have the right to authorize the result of such uses. The City of Pickerington reserves the right to cancel this acconditions of this agreement. For the consideration stated above, I hereby agree to hold harmless from and against any and all actions, claims, demands, liability or participation in recreational activities and reservations. | is and volunted ctivities. I reco is and take full ent of injury, a y persons or ol foregoing uses greement or ma ee, on behalf of | ers for any and all injuries sugnize and voluntarily accep responsibility for my action ccident and/or illness during bjects for any and all purpos and do hereby agree to hol ake a decision on any situati myself, my heirs, executors, | uffered by mysel t all of the poters and physical congress the event. I do es including, bur d the City of Pick on not covered la administrators a | If and my child, claims, demand ntial risks and hazards associate ondition. I hereby consent to re- o hereby grant and give these g t not limited to, private or public serington harmless of and from a herein. I hereby acknowledge the and assigns, to indemnify any, all | s, actions, judgments and with participating in seceive medical treatment roups the right to use my coresentations, advertision, and all liability of what he/she has read and a or any combination of the | d executions, which might occur o aid activities, no matter how remot and hereby consent on behalf of m y or my child's photograph or imag ng, publicity and promotion relatin atever nature, which may arise out o agrees to comply with the terms an le aforesaid, jointly and severally an |
| t or Guardian if participant is under 18 years old) | | | | | - | |
| Payment Method: Cash | _ Check | Cre | dit Card - Ple | ease bill my (circle one): | MC | or VISA |
| Name of Cardholder | Account | Number | | Fxn | Date | CVC Code |
| Cardholder Signature | | | | · | e | |
| Registration Information: | | | itv Residen | t Discount Fee | | |
| | | | | | Pickerington, or be | the spouse or child (26 year |

Online

Register for select Parks and Recreation activities 24/7 with Online Registration at www.pickerington.net.
Call the Parks and Recreation Department at 614-833-2211 to setup a new household and verify residency status.



In Person

Register in person from 8:00am-5:00pm, Monday-Friday in City Hall, 100 Lockville Road, Pickerington, OH.



By Mail

Send completed registration form and payment to: **City of Pickerington,** 100 Lockville Road, Pickerington, OH 43147.



Drop-Box

Located outside City Hall, 100 Lockville Road, Pickerington, OH.



By Fax

Fax us your registration form 24/7 with your MasterCard or VISA information to 614-833-2201.

Registration is complete with full payment. Accepted methods of payment include: Cash, Checks made payable to City of Pickerington, and Visa and MasterCard.

City of Pickerington charges a \$35 returned check fee.

You must live within the City limits of Pickerington, or be the spouse or child (26 years and under) of a resident to receive the City resident discount fee. Even though you have a Pickerington mailing address, or live within the Pickerington Local School District, you may not live within the City limits.

Cancellation of Activities

The Parks and Recreation Department reserves the right to cancel activities due to low enrollment. Decisions to offer activities are based upon pre-registration numbers and made 48-72 hours in advance of the start date. Register early to help avoid a cancelled or closed out activity. If an activity is cancelled or closed, you will receive a full refund in the form of a check; no cash or credit card refunds. Refunds take about 3 weeks to process.

Refund Before the Activity Begins

Refunds will be made only before the start of the activity, pool season or facility reservation for one of the following circumstances and a \$15 processing fee will apply:

- When the activity or pool season pass refund is requested at least seven (7) days in advance (except where otherwise noted) of the first activity meeting, provided it does not reduce the participation level below the required minimum.
- When the facility reservation refund is requested prior to two (2) weeks from the scheduled date of use.
- When a refund request is completed and approved by the Parks and Recreation Department.
- No refund will be given for activities under \$15.
- No refund will be given for materials purchased.
- No refunds will be given after the start of the activity.

Please contact the Parks and Recreation Department at 614-833-2211 to request a Refund Request Form. Refunds take about 3 weeks to process.