

Registration Form

4 WAYS TO REGISTER



ONLINE

www.dublin.oh.us



MAIL

City of Dublin Recreation Services
5600 Post Road
Dublin, OH 43017

Make Checks Payable to:
City of Dublin



IN PERSON

5600 Post Road



FAX

(614) 761-6545

For more information or to register by phone please call City of Dublin Recreation Services at (614) 410-4550.
For more information please call Skyhawks at (866) 849-9936

Participant Last Name _____

Participant First Name _____ BirthDate ____-____-____ Age ____ Gender: M / F

Parent Last Name _____ Parent First Name _____

Email _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact _____ Phone (_____) _____

PLEASE LIST THE PROGRAM(S) YOUR CHILD WILL ATTEND. Photocopy for additional children.

Course #	Sport	Date	Location	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Payment: _____ Check included, or Charge my: _____ Visa _____ M/C _____ Discover _____ Security Code _____
Card Number _____ Exp. Date ____/____/____
Signature _____ Name on card _____

Parents, please read and sign the Medical Consent and Release of Liability below to complete registration.

RELEASE OF ALL CLAIMS AND PROMISE NOT TO SUE As a participant in this and any other program of the City of Dublin Recreation Services, I/we recognize and acknowledge that there are certain risks and I agree to assume all such risks including any damage resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. In consideration of the City of Dublin Recreation Services, accepting me or my child's registration, and with the intent to be legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the City of Dublin Recreation Services. Furthermore, I promise not to sue the City of Dublin and agree to indemnify and hold harmless and defend, the City of Dublin Recreation Services and its officers, agents, servants, employees and insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss or damage to property, or any other loss to me on account of my participation in this and all other programs of the City of Dublin Recreation Services. REFUND POLICIES To cancel and receive a refund (minus a \$10 administrative fee) you must contact a recreation supervisor at least seven working days before the first day of class or before the deadline listed for each swim lottery. Participants assume risk and responsibility for changes in personal schedules or health a full refund will be issued if the Division of Recreation Services cancels an activity. Please allow two weeks for processing refunds. CLASS CONFIRMATION Participants or their parent/guardian(s) in select classes and swim lessons at the DCRC are issued a class confirmation, a highly visible new card that will speed your entrance, enhance your security and help prevent unauthorized use of the facilities. Please show your class confirmation card at the front desk. Each card is valid for a specific class, day and time. Class confirmation cards allow parent/guardian(s) to observe classes or lessons. They are not valid for any other use of the facilities. If a card is lost, you will be issued a replacement at the front desk, pending verification of your enrollment. Help make the DCRC an enjoyable and secure environment for all - carry and use your class confirmation.

I, the undersigned parent/guardian of the individual named above, understand that this activity involves an element of risk and a danger of accidents and injury and knowing those risks I hereby assume those risks. I authorize the program directors and/or instructors as Agents for the undersigned to consent to medical, surgical and/or dental examination, in addition to any and all other treatments that may be deemed necessary by medical personnel. In addition, I understand that by signing this agreement, I hereby knowingly release and discharge Skyhawks and City of Dublin Recreation Services from any and all liability resulting from any injury associated with the above named individual's participation in this activity. I agree that pictures taken during program hours may be used for future promotional purposes and that I give my permission to Skyhawks and City of Dublin Recreation Services to use any pictures or images of the above named individual without compensation. Skyhawks will not provide health and/or accident insurance for program participants. By signing below, I attest that I have read and fully understand and agree to the assumption of risk, waiver and release of all claims, and the photo policies set forth herein.

Signature _____ Print Name _____ Date _____