

REFUND & TRANSFER POLICY

- Full refunds will be issued ONLY if the Fairfield Parks and Recreation Department cancels the program or activity.
- Refunds will not be given if requested less than 7 days prior to the day a program or event is scheduled to begin.
- All program and activity refunds will be assessed a \$5 Program/Processing Fee.
- Class or section transfers are also subject to a \$5 Program/

Processing Fee, unless the change is initiated by the Parks and Recreation Staff.

- Exceptions: Participant moves from the Fairfield area before the program begins (proof of move must be presented). Participant becomes ill (must be a doctor's statement). Exceptions are still subject to the \$5 Program/Processing Fee.
- A charge of \$25 will be assessed on all returned checks.

USE THIS REGISTRATION FORM

REGISTRATION FORM

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

OFFICE
USE
ONLY

DATE _____ INITIALS _____ RECEIPT No. _____

NAME OF ADULT PARTICIPANT (OR PARENT OR GUARDIAN)	LAST	FIRST	MID
	ADDRESS		
ID No.	STATE	ZIP	EMAIL
	DAY PHONE () -	NIGHT PHONE () -	IN CASE OF EMERGENCY () -

	PARTICIPANT NAME				BIRTHDATE				SEX	ACTIVITY DESCRIPTION	FEE
	LAST	FIRST	MI		MO	DAY	YR				

DOES THE PARTICIPANT NEED ANY SPECIAL ASSISTANCE? YES NO
 IF YES, WHAT ASSISTANCE IS NEEDED? _____

WILL PARTICIPANT SUPPLY SOMEONE TO PROVIDE ASSISTANCE? YES NO

MAKE CHECKS OR MONEY ORDER PAYABLE TO CITY OF FAIRFIELD. MAIL OR DROP REGISTRATION, WITH APPROPRIATE FEES, TO:

FAIRFIELD PARKS & RECREATION
 CLASS REGISTRATION
 411 WESSEL DRIVE
 FAIRFIELD, OHIO 45014

YOU MAY FAX REGISTRATION TO 867-6070

TOTAL FEES
AMOUNT ENCLOSED

Waiver: IN CONSIDERATION OF YOUR ACCEPTING ME OR MY CHILD'S ENTRY, I HEREBY, FOR MYSELF, MY CHILD, EXECUTORS, ADMINISTRATORS AND ASSIGNEES, DO HEREBY RELEASE AND DISCHARGE THE CITY OF FAIRFIELD, PARKS AND RECREATION DEPARTMENT, ALL SPONSORS, COORDINATING GROUPS, VOLUNTEERS, AND ANY INDIVIDUALS ASSOCIATED WITH THE EVENT/CLASS/TEAM FOR ALL CLAIMS OR DAMAGES, ACTIONS AND WHATSOEVER IN ANY MANNER ARISING OR GROWING OUT OF MY PARTICIPATION IN SAID EVENT/CLASS/TEAM. I DO HEREBY GRANT AND GIVE THESE GROUPS THE RIGHT TO USE MY OR MY CHILD'S PHOTOGRAPH OR IMAGE WITH OR WITHOUT MY OR 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 PROMOTIONS RELATING THERETO.

EMERGENCY MEDICAL AUTHORIZATION (FOR MINORS): GRANT CONSENT, IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME AT THE STATE EMERGENCY TELEPHONE NUMBER HAS BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT FOR 1) THE TRANSFER OF THE CHILD TO THE NEAREST HOSPITAL REASONABLY ACCESSIBLE; 2) THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY A LICENSED PHYSICIAN OR DENTIST. THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS OR DENTISTS, CONCERNING IN THE NECESSITY FOR SUCH SURGERY, ARE OBTAINED PRIOR TO THE PERFORMANCE OF SUCH SURGERY.

LIST FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS: _____

 SIGNATURE OF PARTICIPANT OF PARENT/GUARDIAN

FORM OF PAYMENT CASH CHECK MONEY ORDER CREDIT CARD

CREDIT CARD PAYMENT INFORMATION

NAME ON CARD	EXP. DATE
CIRCLE CARD TYPE	CVV (ON BACK)
CARD NUMBER	
SIGNATURE	