

**REGISTRATION FORM**

PLEASE PRINT & FILL OUT COMPLETELY

PLEASE CHECK IF ADDRESS BELOW IS NEW

PREVIOUS STREET \_\_\_\_\_

PRIMARY GUARDIAN	FIRST _____	LAST _____	MI _____
	ADDRESS _____		
Household #	CITY _____	STATE _____	ZIP CODE _____
	HOME PHONE ( ) - _____	WORK PHONE ( ) - _____	
EMERGENCY PHONE ( ) - _____	EMERGENCY CONTACT _____		
<b>PLEASE LIST CLASSES IN ORDER OF PREFERENCE</b>			
			e-mail address: _____

OFFICE USE ONLY
DATE
INITIALS
RECEIPT #

PREF. #	REG. #	PARTICIPANT NAME			BIRTHDATE			SEX	ACTIVITY NAME	ACTIVITY FEES
		LAST	FIRST	MI	MO	DAY	YEAR			

Do you work in Kettering?  Yes  No If yes, where? \_\_\_\_\_

Is this your first time participating in our program(s)?  Yes  No

Does the participant need any special assistance?  Yes  No

Make check or money order payable to the City of Kettering and mail to CLASS REGISTRATION, Kettering Parks, Recreation and Cultural Arts Department, 2900 Glengarry Drive, Kettering, Ohio 45420.

FORM OF PAYMENT (Debit cards are not accepted.)	TOTAL FEES: \$ _____
<input type="checkbox"/> 1 CASH	SCHOLARSHIP DONATION:
<input type="checkbox"/> 2 CHECK	TOTAL AMOUNT \$ _____
<input type="checkbox"/> 3 MONEY ORDER	ENCLOSED:
<input type="checkbox"/> 4 CREDIT CARD	
<input type="checkbox"/> 5 ACCOUNT CREDIT	

WAIVER FOR PARTICIPANT AND/BY PARENT  
I, for myself and my child(ren), agree to assume all risks, including, but not limited to, risk of physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss or damage I or my child(ren) may sustain as a result of participating in any and all activities connected with or associated with this program(s). In consideration of the City of Kettering allowing my child or my children to participate in this program, 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 or my child have or may have as a result of participating in this program; promise not to sue the City of Kettering or its officers, employees and agents; and agree to indemnify and hold harmless and defend the City of Kettering and its officers, employees and agents, from any and all liabilities, claims, demands, actions or causes of action resulting from, whether directly or indirectly, my or my child's participation in this program; and grant and give the City of Kettering the right to use my or my child's photograph or image, with or without my or my child's name, both individually 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 promotion. By signing below, I certify that I have read and agree to be bound by these conditions and that all information contained herein is true and that I am giving up legal rights.

CREDIT CARD INFORMATION	
TYPE	EXP. DATE
NUMBER	

\_\_\_\_\_  
PATRON SIGNATURE

Check this box if you would like to make a donation to the Kettering Scholarship Program to help remove financial barriers for Kettering families to participate. Generally, donations to the City of Kettering are tax deductible. Donors should see their tax advisor regarding their specific gifts.

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