

PROGRAM REGISTRATION FORM
MAYFIELD HEIGHTS PARKS & RECREATION 6154 MAYFIELD RD MAYFIELD HEIGHTS, OH 44124
 440-442-2627 www.mayfieldheights.org

Instructions for Registration form:

Complete Registration Form.
 Multiple participants can register per form.
 Payment and signature are required to process form.
 You will not be charged for any waitlisted classes.

Cancellations and Refunds

Please call the office for specifics
 for each program.

Registering for a Program

Please read carefully the special registration
 requirements available for each program offered.

Parent Name: _____ **Date of Birth:** _____ **M/F:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____ **Emergency Name:** _____ **Phone:** _____

Participants Name	Grade in Fall	Date of Birth	Gender	Shirt Size	Course Name	Fee
Method of Payment Mail to address above or drop off Monday – Friday 8:30 am – 4:30 pm. Check ___ Cash ___ Credit Card - ___ - please check box and we will call you for payment if mail in or faxed in.						Total Fee

AGREEMENT TO INDEMNIFY, AND NOT SUE, THE CITY AND RELEASE OF ALL CLAIMS

As a participant in this and any other program of the Mayfield Heights Parks and Recreation Department, I, for myself or the participant for whom I sign (if under 18 years of age), recognize and acknowledge that I/we may be exposed to a variety of risks and I/we agree to assume all such risks, including but not limited to, any damage resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss or injury I/we may sustain as a result of participating in any and all activities connected or associated with such programs. I acknowledge that I/we have no physical limitations, or disabilities of any kind which would restrict me/us from participating. Any special accommodations needed have been noted or will brought to the attention of the Mayfield Heights Parks and Recreation Department. In consideration of the Mayfield Heights Parks and Recreation Department accepting my/ our registration and with the intent to be legally bound, I hereby, for myself or the participant for whom I sign (if under 18 years of age) and all heirs, executors, administrators and assigns: (1) forever release, waive and relinquish any claim I/ we have or may have as a result of participating in this and all other programs of the City of Mayfield Heights Parks and Recreation Department; and (2) promise not to sue and agree to hold harmless and defend, the City of Mayfield Heights and its officers, officials, agents, employees, volunteers, independent contractors, and other representatives (referred to collectively hereinafter as "City of Mayfield Heights") from any and all claims, liabilities, demands, actions or causes of action in any way resulting from my/our participation in this and all other programs of the Mayfield Heights Parks and Recreation Department.

USE OF PHOTOGRAPHS: I do hereby grant and give the City of Mayfield Heights the right to use my photograph or image (or the photograph or image of the participant for whom I am signing) with or without my/our names, 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 promotion relating hereto. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Mayfield Heights harmless of and from any and all liability of whatever nature, which may arise out of result of such uses.
 PLEASE READ CAREFULLY, BY SIGNING YOU WAIVE CERTAIN LEGAL RIGHTS.

Date: _____ Signature of Participant: _____
 Parent/Guardian (if Participant is under 18 years old)