



# MCRC GROUP DAILY PASS SIGN IN SHEET

## For non MCRC members

**TODAY'S DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **DATE OF EVENT:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TIME:** \_\_\_\_:\_\_\_\_am/pm

**INSTRUCTIONS**

Please fill in the blanks below for each individual ~ name (please print), signature and phone number. If the participant is a youth under 18 years of age, the parent or legal guardian will need to sign next to the printed name. Complete a separate form for Non-Members & Spectators. Approach the front desk as a group and submit the completed sheet, ID's, and payment to the MCRC front desk to process on the event day.

**ADULT TO YOUTH RATIO**

If the youth is under 13 years of age, a ratio of 1 adult to 8 youth will be applied. For pool use, the ratio of adult per youth will be dependent on age in accordance with Natatorium Policies.

**WAIVER AND RELEASE**

In consideration of the City of Medina and the MCRC granting me permission to engage in the recreational activities at the Medina Community Recreation Center, the undersigned does hereby waive, release, save, and hold harmless and indemnify the City of Medina and the MCRC, their organizers, officers, employees, agents, and sponsors for any and all claims for damage for personal injury to me or loss of property which may be caused by any act or failure to act on the part of the City of Medina and the MCRC, their organizers, officers, employees, agents, and sponsors. 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 the purpose of advertising and publicity only. The undersigned further assumes the risk of all dangerous conditions in and about the MCRC property both real and personal and waive any and all specific notice of the existence of such dangerous conditions if any. The effective dates for this Waiver and Release, include all dates and times that the undersigned are present in the MCRC or involved with MCRC activities.

**Group Coordinator Name (PRINT):** \_\_\_\_\_

**Group Coordinator Signature:** \_\_\_\_\_

**Group Name:** \_\_\_\_\_

**NUMBER OF NON-MEMBERS**  
(using the facility)

**NUMBER OF SPECTATORS**  
(not using the facility)

**No. of Participants**      **Under 10 / \$7 ea**       **10-25 / \$5 ea**       **26+ / \$4 ea**

	SIGNATURE <small>(signature of parent or legal guardian if participant is under 18 yrs)</small>	PHONE NO	AGE <small>(under 18 yrs only)</small>
PARTICIPANT NAME <small>(please print)</small>			
1. _____	_____	_____	_____
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