



Medina Community Recreation Center
 855 Weymouth Road
 Medina, Ohio 44256
 330-721-6900



www.medinarec.org

PROGRAM/ACTIVITY REGISTRATION FORM
 (One Per Household – Additional Space on Back)

Name of Participant	Member/Non-Member	Gender	D.O.B.	Program/Activity Name	Program ID #	Fee	
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$	
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$	
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$	
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$	
USE ADDITIONAL SPACE ON BACK IF NECESSARY						TOTAL	\$

MAIN HOUSEHOLD CONTACT – FOR PEOPLE WHO HAVE NEVER REGISTERED FOR A PROGRAM OR MEMBERSHIP WITH THE MCRC

Name: _____ D.O.B.: _____ Gender: M F
 Street Address: _____ City: _____ State: _____ ZIP: _____
 Home Phone: _____ Other Phone: _____ E-mail: _____

Special Needs

Does anyone registered have any special needs? If so, please describe below to assist the MCRC Staff in providing a positive recreational experience.

Waiver for Participant and/by Parent:

In consideration of your accepting my or my child's entry, I hereby, for myself, my child, my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I or my child may have against the City of Medina and the MCRC, its representatives, successors and assigns for any and all injuries suffered by myself or my child on any activity sponsored by these groups. 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. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Medina and the MCRC Center harmless of and from any and all liability of whatever nature which may arise out of or result from such uses. For the consideration stated above, I further agree that in the event that my child repudiates or attempts to repudiate such release, I will personally indemnify and save harmless the City of Medina and the MCRC, its successors and assigns, for any and all loss and damage occasioned hereby.

Signature Required: _____ **Date:** _____ **Phone:** _____
 (Participant OR Parent/Guardian)

Signature Required: _____ **Date:** _____ **Phone:** _____
 (Additional Participant 18 and Older)

All registrations are non-transferable and non-refundable. Registrations may not be cancelled.

Form of Payment:

- Cash Check (payable to MCRC) # _____
 Driver's License Number _____ Visa/MC
 required

ADDITIONAL REGISTRATIONS

Name of Participant	Member/Non-Member (please check one)	Gender	D.O.B.	Program/Activity Name	ID #	Fee
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$
	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> M <input type="checkbox"/> F				\$
					TOTAL	\$

OFFICE USE ONLY

Staff Initials _____

Date Received _____

Notes _____