# registration form

Pickerington Parks and Recreation Department

	2021	Spring/	Summer Progra	m Regist	tration Form			
Parent(s) Name						Office Use Only		
Address						Received Date		
						Approved By Total Paid		
City				State Zip			Check #	
Phone (Home)	one (Home) (Cell)			(Work)			Receipt Number	
Email Address (Required)								
Emergency Contact Information mu	ust be filled out (som	neone outsi	de of the household p	referred).				
Emergency Contact Name		Phone				Relationship		
Participant Name	2	M/F	Date of Birth	Age	Grade (Current year)	Class #	Fee	
Waiver for Applicant In consideration of permission granted to me or m the City of Pickerington, its employees, public offi City of Pickerington premises and/or during City of and unlikely. Further, I recognize the inherent dane child to receive medical treatment, which may be with or without my or my child's name, both single thereto without compensation. I warrant that I hav result of such uses. The City of Pickerington reserv conditions of this agreement. For the consideratio to hold harmless from and against any and all actio or participation in recreational activities and reserv	cials, agents, officers, assigr of Pickerington sponsored a ger involved in such activitie deemed advisable in the even e and in conjunction with an eve the right to authorize the res the right to cancel this ag in stated above, I hereby agre ons, claims, demands, liabili	as and volunted ctivities. I reco es and take full ent of injury, a y persons or ol foregoing uses greement or ma ee, on behalf of	ers for any and all injuries suffignize and voluntarily accept a responsibility for my actions a ccident and/or illness during jects for any and all purposes and do hereby agree to hold ake a decision on any situation myself, my heirs, executors, ac	ered by myself all of the poten and physical co the event. I do including, but the City of Picken not covered h dministrators ar	and my child, claims, demand tial risks and hazards associat ndition. I hereby consent to re hereby grant and give these of not limited to, private or publi- erington harmless of and from lerein. I hereby acknowledge to dassigns, to indemnify any, al	ds, actions, judgments and exected with participating in said acceive medical treatment and ligroups the right to use my or ric presentations, advertising, pany and all liability of whateventhat he/she has read and agree II or any combination of the afor	ecutions, which might occur on ctivities, no matter how remote hereby consent on behalf of my my child's photograph or image ublicity and promotion relating or nature, which may arise out of is to comply with the terms and presaid, jointly and severally and	
Signature (Parent or Guardian if participant is under 18 years old	4)				D	ate		
Credit Card Payment only	A)							
and an anymous siny								
Name of Cardholder			Acco	unt Numbe	Exp. Date	CVC Code		

### **Registration Information:**



### **Online**

Cardholder Signature:

Register for select Parks and Recreation activities 24/7 with Online Registration at www.pickerington.net.

Call the Parks and Recreation Department at 614-833-2211

call the Parks and Recreation Department at 614-833-221 to setup a new household and verify residency status.



#### In Person

Register in person from 8:00am-5:00pm, Monday-Friday in City Hall, 100 Lockville Road, Pickerington, OH.



# By Mail

Send completed registration form and payment to:

City of Pickerington, 100 Lockville Road, Pickerington, OH 43147.



# Drop-Box

Located outside City Hall, 100 Lockville Road, Pickerington, OH.



# By Email

Email the completed Registration Form 24/7 with your MasterCard or VISA information to recreation@pickerington.net

Registration is complete with full payment. Accepted methods of payment include: Cash, Checks made payable to City of Pickerington, and Visa and MasterCard.

# **City Resident Discount Fee**

In order to receive the City Resident Discount Fee, you must live within the City limits of Pickerington. A complete Street Listing is available on the website. A household includes one set of parents or legal guardians and their children (26 years and under) residing in the same household. If more than one family resides in the household, each family must setup their own household. Babysitters, grandparents and extended family members are not included in the same household. Even though you have a Pickerington mailing address, or live within the Pickerington Local School District, you may not live within City Limits.

Date:

## **Cancellation of Activities**

The Parks and Recreation Department reserves the right to cancel activities based on low enrollment. Decisions to offer activities are based upon pre-registration numbers and made 48-72 hours in advance of the start date. Register early to help avoid a cancelled or closed out activity. If an activity is cancelled or closed, you will receive a full refund in the form of a check; no cash or credit card refunds. Refunds take about 3 weeks to process.

#### Refund Policy

Refunds will be made only before the start of the activity, pool season or facility reservation for one of the following circumstances and a \$15 processing fee will apply:

- When the activity or pool season pass refund is requested at least seven (7) days in advance (except where otherwise noted) of the first activity meeting, provided it does not reduce the participation level below the required minimum.
- When the facility reservation refund is requested prior to two (2) weeks from the scheduled date of use.
- When a refund request is completed and approved by the Parks and Recreation Department.
- No refund will be given for activities under \$15.
- No refund will be given for materials purchased.
- No refund will be given after the start of the activity.

Please contact the Parks and Recreation Department at 614-833-2211 to request a Refund Request Form. Refunds take about 3 weeks to process.