

Parks and Recreation • 100 Lockville Road, Pickerington, OH 43147 • ph: 614-833-2211 • fax: 614-833-2201 • www.pickerington.net

2024 Spring/Summer Program Registration Form					Office Use Or	Office Use Only	
Parent(s) Name						Received Date Cash	
Address					Approved By Credit Card		
City		State	tate Zip		Total Paid Check #		
Phone (Home)(Cell)			(Work)			Receipt Number	
Email	(Required)						
Emergency Contact		Phone		Relationship			
	Participant Name	M/F	Date of Birth	Age (	Class Number	Fee	
-							
Registr Cash,	Conline Register for select Parks and Recreation activity www.pickerington.net. Call the Parks and Recreating an account to verify residency state of the creating an account to verify residency state of the creating an account to verify residency state of the creating an account to verify residency state of the creating an account to verify residency state of the creating an account to verify residency state of the creating an account to verify residency state of the creating of the creati	reation Department at 614-833-22 atus prior to registering.  lay-Friday in City Hall, 100 Lockvil ant to: City of Pickerington, 100  Pickerington, Ohio.  Ju MasterCard or VISA information at the second of payment include: SA and MasterCard.	In order to receive the Pickerington. A comp set of parents or legal household. If more the household. If more the household. Every Pickerington Local Science and the parks and Recree enrollment. Decisions 48-72 hours in advance out activity. Refunds will be made one of the following cii.  When the activity advance (excey not reduce the when a refund Department.  No refund will be Please contact the Parks of legal to receive the part of the province of the part of the p	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			
In consideration of the consent child's plublicity whateve has read or any consent consent child's plublicity whateve has read or any consent	er for Participation deration of permission granted to me or my child to engage in e the City of Pickerington, its employees, public officials, agen cur on City of Pickerington premises and/or during City of Picl ow remote and unlikely. Further, I recognize the inherent dang on behalf of my child to receive medical treatment, which may hotograph or image with or without my or my child's name, bot and promotion relating thereto without compensation. I warra r nature, which may arise out of result of such uses. The City I and agrees to comply with the terms and conditions of this ag ombination of the aforesaid, jointly and severally and to hold h ay at any time be incurred by reason of my preparation and/or	its, officers, assigns and volunteers for any kerington sponsored activities. I recognize er involved in such activities and take full in the deemed advisable in the event of injun th single and in conjunction with any persor and that I have the right to authorize the fore of Pickerington reserves the right to cance greement. For the consideration stated abo armless from and against any and all action participation in recreational activities and in participation in recreational activities and in the properties of the state of the state of the participation in recreational activities and in the properties of the state of the state of the the state of the state of the state of the the state of the state of the state of the the state of the state of the state of the the state of the state of the state of the the state of the state of the state of the the state of the state of the state of the the state of the state of the state of the the state of the state of the state of the the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	and all injuries suffered by my and voluntarily accept all of th sponsibility for my actions and accident and/or illness durin, s or objects for any and all pu going uses and do hereby ag I this agreement or make a de re, I hereby agree, on behalf c s, claims, demands, liabilities	self and my child, claims the potential risks and haz: d physical condition. I her g the event. I do hereby proses including, but not ree to hold the City of Pic ecision on any situation no for myself, my heirs, exect.	, demands, actions, judgn ards associated with parti- reby consent to receive m- grant and give these group limited to, private or publi- kerington harmless of an- ot covered herein. I herel tors, administrators and a	nents and executions, which cipating in said activities, no edical treatment and hereby so the right to use my or my copresentations, advertising, d from any and all liability of the polyacknowledge that he/she ssigns, to indemnify any, all	
	Card Payment Method (mail and email only)						
						VC Code	

Date \_\_\_

Cardholder Signature \_\_\_\_