



PICKERINGTON

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

Fall 2024/Winter 2025 Program Registration Form

Office Use Only	
Received Date _____	Cash _____
Approved By _____	Credit Card _____
Total Paid _____	Check # _____
Receipt Number _____	

Parent(s) Name _____

Address _____

City _____ State _____ Zip _____






Phone (Home) _____ (Cell) _____ (Work) _____

Email (Required) _____

Emergency Contact _____ Phone _____ Relationship _____

Participant Name	M/F	Date of Birth	Age	Class Number	Fee

Registration Information:

-  **Online**
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 after creating an account to verify residency status prior to registering.
-  **In Person**
Register in person from 8:00am-5:00pm, Monday-Friday in City Hall, 100 Lockville Road, Pickerington, Ohio.
-  **By Mail**
Send completed Registration Form and payment to: City of Pickerington, 100 Lockville Road, Pickerington, Ohio 43147.
-  **By Drop-Box**
Located outside City Hall, 100 Lockville Road, Pickerington, Ohio.
-  **By Email**
Email the completed Registration Form with you 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, VISA and MasterCard.

City of Pickerington charges a \$35 returned check fee.

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 Pickerington Local School District, you may not live within City limits.

Cancellation of Activities

The Parks and Recreation Department reserves the right to cancel activities due to 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. Refunds will be distributed by check or credit card.

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.

Waiver for Participation

In consideration of permission granted to me or my child to engage in recreational activities and reservations, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the City of Pickerington, its employees, public officials, agents, officers, assigns and volunteers for any and all injuries suffered by myself and my child, claims, demands, actions, judgments and executions, which might occur on City of Pickerington premises and/or during City of Pickerington sponsored activities. I recognize and voluntarily accept all of the potential risks and hazards associated with participating in said activities, no matter how remote and unlikely. Further, I recognize the inherent danger involved in such activities and take full responsibility for my actions and physical condition. I hereby consent to receive medical treatment and hereby consent on behalf of my child to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. 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 any persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating thereto without compensation. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Pickerington harmless of and from any and all liability of whatever nature, which may arise out of result of such uses. The City of Pickerington reserves the right to cancel this agreement or make a decision on any situation not covered herein. I hereby acknowledge that he/she has read and agrees to comply with the terms and conditions of this agreement. For the consideration stated above, I hereby agree, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify any, all or any combination of the aforesaid, jointly and severally and to hold harmless from and against any and all actions, claims, demands, liabilities, loss damage or expense of whatever kind of nature, including attorney's fees, which may at any time be incurred by reason of my preparation and/or participation in recreational activities and reservations.

Signature _____

Date _____

Credit Card Payment Method (mail and email only)

Name of Cardholder _____ Account Number (VISA or MasterCard only) _____ Expiration Date _____ CVC Code _____

Cardholder Signature _____ Date _____