

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

Fall 2025/Winter 2026 Program Registration Form								Office Use Only		
Parent(s) Name								Received Date Cash		
Address									Credit Card	
City		Sta	State Zip				_		Check #	
Phone (Home) (Cell)			(Work)					Receipt Number		
Email	(Required)									
Emergency Contact Phone			one	ne			Relationship			
	Participant Name		M/F		Date of Birth	Age	Cla	ass Number	Fee	
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Registr Cash, o	www.pickerington.net. Call the Parks and Recreat after creating an account to verify residency status In Person Register in person from 8:00am-5:00pm, Monday-Road, Pickerington, Ohio. By Mail Send completed Registration Form and payment to Lockville Road, Pickerington, Ohio 43147. By Drop-Box Located outside City Hall, 100 Lockville Road, Pickerington, Ohio 43147.	00am-5:00pm, Monday-Friday in City Hall, 100 Lockville ion Form and payment to: City of Pickerington, 100 on, Ohio 43147. 100 Lockville Road, Pickerington, Ohio. stration Form with you MasterCard or VISA information to let. ayment. Accepted methods of payment include: y of Pickerington, 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 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.				
In considering discharge might occurrent to consent child's physicisty whatever has read or any consent consen	Per for Participation deration of permission granted to me or my child to engage in recre e the City of Pickerington, its employees, public officials, agents, of cur on City of Pickerington premises and/or during City of Pickering ow remote and unlikely. Further, I recognize the inherent danger in on behalf of my child to receive medical treatment, which may be d hotograph or image with or without my or my child's name, both sin and promotion relating thereto without compensation. I warrant th r nature, which may arise out of result of such uses. The City of P and agrees to comply with the terms and conditions of this agreem ombination of the aforesaid, jointly and severally and to hold harmle ay at any time be incurred by reason of my preparation and/or parti	fficers, assigns and gton sponsored act volved in such activ leemed advisable ir gle and in conjunct at I have the right tickerington reserve nent. For the consices from and agains cipation in recreation	volunteers for ivities. I recog vities and take for the event of it ion with any go authorize the is the right to coderation stated at any and all a	any and nize and full responjury, acersons or foregoir ancel this above, I	all injuries suffered by my- voluntarily accept all of the nsibility for my actions and cident and/or illness during objects for any and all pur guses and do hereby agr s agreement or make a de hereby agree, on behalf o laims, demands, liabilities,	self and my chi e potential risks physical condi the event. I de poses including ee to hold the cision on any s f myself, my he	Id, claims, d and hazard tion. I hereb to hereby gra g, but not lim City of Picke ituation not irs, executor	emands, actions, judgm is associated with parti- by consent to receive me- ant and give these group lited to, private or publi- drington harmless of and covered herein. I heret is, administrators and a	ents and executions, which cipating in said activities, no adical treatment and hereby so the right to use my or my c presentations, advertising, if from any and all liability of yo acknowledge that he/she ssigns, to indemnify any, all	
	Card Payment Method (mail and email only)									
J. 5411	The state of the s									
Name	of Cardholder A	Account Numb	er (VISA or	Maste	rCard only)	Expiration	on Date		VC Code	

Cardholder Signature ___