

PROGRAM REGISTRATION FORM

West Geauga Recreation Council

Note: One form per child, per program (Please refer to WGRC guide for session avail.)

Programs:(Circle One) VOLLEYBALL* TENNIS

*Shirts provided

Name: _____ (M)(F) Birthdate _____

School Attending _____ Grade(entering in the fall) _____

Address: _____ Zip _____

Mothers Name _____ Fathers Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Shirt Size(if applicable) Youth S M L Adult S M L School Attending _____

•Please write out session week and time CLEARLY. Example: Session 1 Mon & Weds. Time 1:00-4:00pm

Session _____ Time _____

Session _____ Time _____

Session _____ Time _____

Session _____ Time _____

Emergency Contact- Name: _____ Phone(s): _____

In the event of reasonable attempts to contact me or the other parent have been unsuccessful, I hereby give my consent for (1) the administration of and treatment deemed necessary by a licensed physician or dentist and (2) transfer of the child to the nearest emergency room.

Physician Name & Phone _____

Waiver & Permission: *I certify that I am a parent(guardian) of the child named above. In that capacity, I give permission for the child to participate in the above program of the West Geauga Recreation Council (WGRC). I also save and hold harmless the WGRC and it's employees from and against all claims arising out of damage to property or injury to person associated by his or her negligence or failure to follow instructions of the program personnel. My child is covered by our family or school insurance. The West Geauga Recreation Council reserves the right at it's sole opinion and discretion to suspend or terminate without refund the participation of any person enrolled in any WGRC program, for any unruly or disruptive behavior on behalf of the participant, any parent or spectator, deemed by the WGRC to be detrimental to the orderly operation of any of it's programs.*

Photo Authorization: *I hereby authorize the WGRC, its agents and employees to use the photographic image or likeness of the registered child for the use and benefit of the WGRC in its publications, marketing and promotional materials.*

Parent/Guardian Signature _____ Date _____

Childs Name: _____ Program: _____

Session(s) _____ Multi Child Family # 1 2 3 + (please circle)

Cost Per Session _____ Total Fees: _____ WGRC Member Disc _____

Total Owed _____ Amount Received _____ Date Rec'd _____

Payment Type _____ Check No# _____ Outstanding Balance _____