

# REGISTRATION

**REGISTRATION FOR PROGRAMS OPENS FOR RESIDENTS ON NOVEMBER 14  
(REGISTRATION FOR NON-RESIDENTS BEGINS ON NOVEMBER 16)**

Program registration is accepted at the Parks and Recreation office in the Community Arts Center at 411 Wessel Drive. Fees must be paid at the time of registration.

## Walk-In Registration

All registrations take place at the Fairfield Parks and Recreation Department Office in the Community Arts Center at 411 Wessel Drive. Walk-in registration is available on weekdays from 8 am to 9 pm and on Saturdays from 9 am to 1 pm.

## Telephone Registration

Registration may be made by calling 867-5348 during office hours. Payment for telephone registration must be made by Visa, MasterCard, American Express or Discover.

**Programs often fill quickly, so plan to register early. Note that the Parks and Recreation Department reserves the right to cancel any class due to poor registration. Cancellations will be announced on the Wednesday prior to the start of each new session.**

## REFUND & TRANSFER POLICY

- Full refunds will be issued ONLY if the Fairfield Parks and Recreation Department cancels the program or activity.
- Refunds will not be given if requested less than 7 days prior to the day a program or event is scheduled to begin.
- All program and activity refunds will be assessed a \$5 Program/Processing Fee.
- Class or section transfers are also subject to a \$5 Program/Processing Fee, unless the change is initiated by the Parks and Recreation Staff.
- Exceptions: Participant moves from the Fairfield area before the program begins (proof of move must be presented). Participant becomes ill (must be a doctor's statement). Exceptions are still subject to the \$5 Program/Processing Fee.
- A charge of \$25 will be assessed on all returned checks.

USE THIS REGISTRATION FORM

### REGISTRATION FORM

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

OFFICE USE ONLY DATE \_\_\_\_\_ INITIALS \_\_\_\_\_ RECEIPT No. \_\_\_\_\_

NAME OF ADULT PARTICIPANT (OR PARENT OR GUARDIAN)	LAST	FIRST			MI
	ADDRESS				CITY
ID No.	STATE	ZIP	EMAIL		
	DAY PHONE ( ) -	NIGHT PHONE ( ) -	IN CASE OF EMERGENCY ( ) -		

	PARTICIPANT NAME				BIRTHDATE			SEX	ACTIVITY DESCRIPTION	FEE
	LAST	FIRST	MI		MO	DAY	YR			

DOES THE PARTICIPANT NEED ANY SPECIAL ASSISTANCE?  YES  NO  
IF YES, WHAT ASSISTANCE IS NEEDED?

WILL PARTICIPANT SUPPLY SOMEONE TO PROVIDE ASSISTANCE?  YES  NO

**Waiver:** IN CONSIDERATION OF YOUR ACCEPTING ME OR MY CHILD'S ENTRY, I HEREBY, FOR MYSELF, MY CHILD, EXECUTORS, ADMINISTRATORS AND ASSIGNEES, DO HEREBY RELEASE AND DISCHARGE THE CITY OF FAIRFIELD, PARKS AND RECREATION DEPARTMENT, ALL SPONSORS, COORDINATING GROUPS, VOLUNTEERS, AND ANY INDIVIDUALS ASSOCIATED WITH THE EVENT/CLASS/TEAM FOR ALL CLAIMS OR DAMAGES, ACTIONS AND WHATSOEVER IN ANY MANNER ARISING OR GROWING OUT OF MY PARTICIPATION IN SAID EVENT/CLASS/TEAM. 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 OTHER PERSONS OR OBJECTS FOR ANY AND ALL PURPOSES INCLUDING, BUT NOT LIMITED TO, PRIVATE OR PUBLIC PRESENTATIONS, ADVERTISING, PUBLICITY AND PROMOTIONS RELATING THERETO.

**EMERGENCY MEDICAL AUTHORIZATION** (FOR MINORS) I GRANT CONSENT, IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME AT THE STATE EMERGENCY TELEPHONE NUMBER HAS BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT FOR 1) THE TRANSFER OF THE CHILD TO THE NEAREST HOSPITAL REASONABLY ACCESSIBLE; 2) THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY A LICENSED PHYSICIAN OR DENTIST. THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY, UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS OR DENTISTS, CONCURRING IN THE NECESSITY FOR SUCH SURGERY, ARE OBTAINED PRIOR TO THE PERFORMANCE OF SUCH SURGERY.

LIST FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS:

SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN \_\_\_\_\_





MAKE CHECKS OR MONEY ORDER PAYABLE TO CITY OF FAIRFIELD. MAIL OR DROP REGISTRATION, WITH APPROPRIATE FEES, TO:

FAIRFIELD PARKS & RECREATION  
CLASS REGISTRATION  
411 WESSEL DRIVE  
FAIRFIELD, OHIO 45014

YOU MAY FAX REGISTRATION TO 867-6070

TOTAL FEES	
	AMOUNT ENCLOSED

FORM OF PAYMENT  CASH  CHECK  MONEY ORDER  CREDIT CARD

CREDIT CARD PAYMENT INFORMATION	
NAME ON CARD	EXP. DATE
CIRCLE CARD TYPE    	CVV (ENCL)
CARD NUMBER	
SIGNATURE	