

# COMMUNITY PROGRAMS REGISTRATION FORM

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## Parent/Guardian Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Member Number (If applicable) \_\_\_\_\_  Current Member  Non-Member  
(membership status will be verified prior to assessing program fees) Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### MUST BE COMPLETED:

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## Participant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age at Time of Program \_\_\_\_\_

Siblings Registering for Same Program:

Name \_\_\_\_\_ Name \_\_\_\_\_

Please indicate any nutritional, physical, medical, social or emotional condition that staff should be aware of prior to participation in community programs.

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**Note:** Adapted Recreational Sports registrations also require a physician's release form to be completed before the program start date, found on our website at [recsports.osu.edu](http://recsports.osu.edu)

Program Title/Number \_\_\_\_\_

Session, Level or Age Group \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

Program Title/Number \_\_\_\_\_

Session, Level or Age Group \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

Program Title/Number \_\_\_\_\_

Session, Level or Age Group \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

Program Title/Number \_\_\_\_\_

Session, Level or Age Group \_\_\_\_\_ Time \_\_\_\_\_ Fee \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

**Payment Method: (check one)**

Cash     Check# \_\_\_\_\_     Visa     MasterCard     Discover Card     American Express

**\*If paying by credit card, we will contact you for card details.**

**RELEASE OF ALL CLAIMS FOR PARTICIPANTS IN COMMUNITY PROGRAMS**

Because participation in community programs involves physical activity with risk of personal injury or damage to property, it is the policy of The Ohio State University to require participants to execute this release form.

1. In consideration of, and as a condition for the members of my/our family being granted the opportunity to participate in this activity, I/WE do hereby release and forever discharge all officers, students, employees and all faculty members and agents of The Ohio State University who arranged, advised, or supervised any function of this activity for myself/ourselves and the members of my/our family and our heirs, executors, administrators, and assigns from all claims, demands, actions and causes of action for personal injury or any other damage now existing or which may arise out of, or be in any way related to, their negligence or other conduct associated with this activity.

2. I/We do hereby also agree to acquire prior to participation in this activity and maintain in force during the period in which the members of my/our family will be engaged in this activity, a policy or policies of health and accident insurance covering hospitalization and treatment for any injuries for all participating members of my/our family sustained as a result of such activity. Such insurance shall be through an insurance company authorized to do business within the state of Ohio and shall provide coverage similar to that coverage obtained by students through the university.

3. I do hereby release my permission to have photographs that my child or I appear in be used for promotion of the Department of Recreational Sports.

4. I do hereby grant staff permission to transport my child by commercial vehicle and/or Campus Area Bus Service and/or Department of Recreational Sports van and/or by foot to locations where additional camp activities may be held or in the event of medical emergency.

5. I understand that registration for any community programs offering entitles the registered participant access to his/her activity during the set program schedule. Family members may accompany the participant for the purpose of watching during the program's scheduled time. This registration does not extend any membership privileges to the Department of Recreational Sports's facilities for the participant or family members. Non-member participants abusing this policy may be removed from the program and refused further registration. If interested in purchasing a Recreational Sports membership, visit [recsports.osu.edu](http://recsports.osu.edu) or call 614-688-8787.

**I/WE HAVE READ AND FULLY UNDERSTAND ALL OF THE ABOVE PROVISIONS**

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

(if enrolling children)

How did you hear about community programs at Ohio State? (Please check one).

Guidebook     Daycare     Friend  
 Internet     Rec Sports facilities     Newspaper/Newsletter (name) \_\_\_\_\_  
 Email     School     Other (specify) \_\_\_\_\_

*Return this form to: Community Programs, B149 RPAC, 337 Annie & John Glenn Avenue, Columbus, OH 43210; fax to 614-292-0540, or register online at [recsports.osu.edu](http://recsports.osu.edu).*

