



Anderson Park District

Program Registration Form Spring/Summer 2024

Participant's Name _____ Birthdate ____/____/____ Gender _____

Parent's Name _____ Phone (h) _____ (c) _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Anderson resident _____ Non-resident _____

Medical Concerns: allergies, conditions, medications: _____

Emergency Contact Name / Relationship: _____ Phone: _____

Class/Program Name: _____

Class/Program Dates: _____

Class/Program Time: _____

Price: \$ _____

Office Use Only: Date/Time _____ Total Paid \$ _____ Cash _____ CC _____ Check # _____ Ck Name _____ Staff _____
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Make checks payable and return to: Anderson Park District, Anderson Parks RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230
Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization*. The APD may cancel or alter programs pending registration numbers.

RELEASE OF LIABILITY & AUTHORIZATION: I, the undersigned, hereby authorize my, and/or my child's, participation in the Anderson Township Park District dba Anderson Park District ("APD") activity for which I am registering. I knowingly and freely accept all risks associated with participation in this activity, and hereby agree to release, hold harmless, and indemnify: the APD; Forest Hills Local School District; Anderson Township; and Anderson Foundation for Parks & Recreation; and their respective Boards, employees, agents, assigns, independent service providers, sponsors, and volunteers from all responsibility in the event of accident, injury, or illness associated with participation in this activity. I hereby acknowledge the APD has provided me with, as required by law, the Ohio Department of Health "Concussion Information Sheet" and "Lindsay's Law-Sudden Cardiac Arrest information", via www.andersonparks.com and at the Anderson Parks RecPlex, 6915 Beechmont Ave, Cincinnati, OH 45230.

By signing this registration, I agree to abide by the APD's health and safety participation requirements. I agree to the APD's Program Registration Information and Refund Policy. In consideration of my and/or my child's participation in this APD activity/program, I agree that my likeness, or the likeness of my child, may be photographed or videotaped and that such image(s) may be published in an outlet used to promote or publicize the APD. Furthermore, I authorize the APD to use my e-mail address to send me APD information. My signature below indicates that I am at least 18 years of age, and that I have read and understand the above information concerning participation in the APD activity for which I am registering myself and/or my child.

Participant (Parent/Guardian) Name _____ Signature _____ Date _____

Visa _____ MasterCard _____ Discover _____ Amex _____ Card # _____

Security Code _____ Exp. Date _____ Name on Card _____

Billing Address (If different from above) _____