

To register for the programs, you can complete the form below. You can mail it or bring it in with your payment to Fairlawn Parks & Recreation, 3487 S Smith Road, Fairlawn, OH 44333. Please note we do not have exact change.

Participant's Name: _____ Birthdate: _____

Program/s: _____

Fee: _____

Emergency Contact name & number: _____

Email Address: _____

Participant's Sex: M F Prefer not to answer (circle one)

Address: _____

City

Zip

Phone: _____

Please list any medical conditions, allergies or food allergies of the participant:

I hereby give me/my child/ward permission to participate in any City of Fairlawn Nature or Park Program. I agree to hold harmless the Fairlawn Parks and Recreation Department, the City of Fairlawn, as well as their employees or sponsors for any injuries that may occur as a result of participation. I understand and agree that I/my child/ward must follow the rules and regulations of this program, and I/he/she must follow the instruction given by the instructors. I understand that if something I/my child/ward brings is lost or stolen, the Fairlawn Parks and Recreation Department, the City of Fairlawn, as well as their employees or sponsors is not responsible. I hereby confirm my child/ward's physical fitness/wellness and ability to participate in this program. I am aware that I may attend any program at any time; however unpaid siblings may not attend. FAILURE TO FOLLOW THESE GUIDELINES MAY RESULT IN EXPULSION WITHOUT A REFUND.

Participant or Parent/Legal Guardian Signature _____

Date _____

Medical Release

In the event of an emergency and if all reasonable attempts to reach emergency contact with given phone numbers is unsuccessful, I hereby give my consent for the administration of emergency treatment and/or to transfer participant to an emergency medical facility.

Participant or Parent/Legal Guardian Signature _____

Date _____

Use of Photographs

I do hereby grant and give the City of Fairlawn the right to use my photograph or image (or the photograph or image of the participant for whom I am signing) with or without my/our names, 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 promotion relating hereto. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Fairlawn harmless of and from any and all liability of whatever nature, which may arise out of result of such uses.

Participant or Parent/Legal Guardian Signature _____

Date _____