

# Registration Form

## Registration

**In Person:** Visit our office at 505 Erie St. North

**By Mail:** Complete registration form and mail with full payment, check or money order. Make checks or money orders payable to the City of Massillon & mail to Massillon Parks & Recreation Dept., 505 Erie St. North, Massillon, OH 44646.

**Cancellations:** MPRD reserves the right to cancel any class or program which does not meet the minimum required participation. In the event your class is cancelled, we will notify you by phone. You may transfer to another class or receive a credit or refund.

**Refund Policy:** Refunds or credits will be given for classes cancelled by Parks & Recreation. Refunds will be granted if a request is made 2 working days in advance of the first day of the program. A \$5 administrative fee will be withheld. Refunds will not be granted once a program begins. The only exception is an injury which prohibits participation in the class or program. Present a doctor's statement notifying the Department and you may receive a full or pro-rated refund. A 25% processing fee will be deducted from all requested refunds. Allow 3-4 weeks for refund by mail.

**ADULT NAME**  
(Parent or Guardian)

**Last Name** \_\_\_\_\_, **First Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Day Phone** \_\_\_\_\_ **Night Phone** \_\_\_\_\_

**Emergency Phone Number** \_\_\_\_\_

Participant Name		Age	Grade	Birthday			Male/ Female	Activity Name	Activity Fee
Last	First			Mo.	Day	Year			

Do you work in the city limits of Massillon? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list address \_\_\_\_\_

Is this your first time participating in our programs? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this participant need any special assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Would a parent be interested in coaching? Yes \_\_\_ No \_\_\_ Asst? Yes \_\_\_ No \_\_\_

Parent's name, if interested \_\_\_\_\_

Name of one person to be on same team with, for transportation purposes:  
\_\_\_\_\_

**FEES \$** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
Receipt# _____
_____
_____

<b>TEE-SHIRT SIZE</b>
IF APPLICABLE
AS AM AL AXL AXXL
YS YM YL

### PARTICIPATION WAIVER

I, the participant, the parent, the guardian of the participant, a voluntary participant in this program sponsored by the City of Massillon Parks & Recreation Department, am aware that there are certain risks of injury involved in any sport or recreational activity. Bearing in mind, and with full knowledge of the physical capabilities or limitations of myself/child, I hereby agree to assume for myself/my child such risk of injury. I further agree to indemnify and hold harmless the City of Massillon, its administrators, employees or agents against any claim for injury to persons or property which may result from my/my child's participation in this activity. I agree that I/My child shall abide by the rules and supervision of the Parks & Recreation Department. I understand that by registering for any MP&RD program, I agree to allow publication of any photos taken at any program, event, or facility of the City Massillon Parks & Recreation Department.

Signature/Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

