

Participant Name: _____ Parent/Guardian (if Minor): _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____ Date of Birth: _____ M or F Grade: _____

 How would you like us to send registration confirmation notice? Email US Mail

How did you find out about this program? _____

Event Name	Date	Time	Location	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Refund Policy: Participant requested changes or refunds are subject to a \$10 processing fee. Refunds will only be granted when requested no later than 24 hours prior to the first class meeting. Since decisions to maintain classes are based on the enrollment at the first session, no refunds are granted after the first session. In case of maximum class enrollment or class cancellation, you will be granted a full refund. If paying by check or cash, please allow four weeks for processing refunds.

Release: Recognizing the risk and possibility of injury associated with participation in Miami Township recreation programs and in consideration of Miami Township offering the programs at a nominal fee and accepting the participant into the program and activities, I for myself, my heirs, successors, administrators and assigns hereby release, discharge and/or otherwise indemnify Miami Township, Clermont County, Ohio. The Board of Trustees of Miami Township, as well as all employees and/or agents of these entities from any and all claims by or on behalf of the participant, the participants heirs, administrators and assigns as a result of participating in the Miami Township recreational programs. I further certify that the participant is physically fit and capable of participating in all activities required by the recreational programs and that participating in the recreation programs will not pose a risk of physical harm to any participant. In addition, I grant permission for my child to participate in all activities, including field trips with transportation provided by Miami Township in connection with the program(s) in which I have enrolled my child.

Authorization for Medical Attention: In the event the participant receives an injury requiring medical attention of any type, I hereby authorized Miami Township, Clermont County, Ohio, or its employees or agents to consent to whatever treatment is medically necessary and hereby release those entities from any claims whatsoever arising from that consent. I also give Miami Township representatives permission to transport my child to the nearest medical/dental facility for emergency medical care, although this form does not authorize or guarantee treatment upon arrival at the designated facility, as each facility sets its own treatment procedures.

Authorization to Use Image and Photographic Likeness: In the event the participant or my photograph or other image is taken or created during the participant or my participation in this program, in consideration of the acceptance of the participant in the program, I authorized Miami Township to use my photograph or other image for any purpose without compensation.

Signature: _____ Date: _____

Mail or drop off this form with check or money order payable to **Miami Township Recreation Dept. 6101 Meijer Drive, Milford OH 45150-2189**. For questions, please call (513) 248-3727. No phone registration permitted. Event information can be found on the web at MiamiTwpOH.gov.

PLEASE COMPLETE THIS PART ONLY IF THE PARTICIPANT IS A MINOR

Mother's Name: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Allergies/Medical Conditions: _____