



City of Montgomery Parks & Recreation Registration Form

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____ Emergency Phone: () _____ - _____

Email address: _____

| Participant's Name | Birthdate | Sex | Class/Event/Program | Fee |
|--------------------|-----------|-----|---------------------|-----|
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Are you a resident of Montgomery? Yes No

Do you work in Montgomery? Yes No If yes, where do you work? _____

Form of payment: Cash Check MasterCard Visa Account # _____ Exp. Date: _____

*** There is a \$25.00 fee for cancellation.**

Waiver & Release

In consideration of my/our child's enrollment and participation in this program, I/we hereby waive and release any and all rights and claims for damages I/my child may have against the City of Montgomery Parks & Recreation Department, its employees, contractors, volunteers or representatives, for any and all injuries suffered in any activity sponsored by this group. I/we furthermore indemnify and save harmless the City of Montgomery for any and all loss and damage to person or property that may arise out of participation in this activity. By registering for, participating in or attending any Montgomery Recreation programs or parks, I agree to allow the publication of any photos taken at any program, event or facility of the City of Montgomery.

Signature (Parent or Guardian or Event/Activity Participant) _____ Date _____

Skyhawks Waiver & Release

Parents, please read and sign the Medical Consent and Release of Liability below to complete registration.

I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical and/or Dental Examination, in addition to any and all other Treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge Skyhawks and City of Montgomery from any and all liability resulting in injury associated with participant's participation in this activity. I agree that pictures taken during program hours may be used for future promotional purposes. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. Skyhawks will not provide health and/or accident insurance for program participants. As the undersigned parent/guardian I understand that no confirmations will be mailed and no refunds will be given.

Signature _____ Print Name _____ Date _____

Please sign both releases!

Mail registration form and fee to: Montgomery Parks and Recreation
10101 Montgomery Road
Montgomery, OH 45242

Online registration: www.montgomeryohio.org

Phone registration: (513) 891-2424

Fax registration: (513) 891-2498

Walk-in registration: 10101 Montgomery Road

Make checks payable to: City of Montgomery

For more information please call: City of Montgomery Recreation: (513) 792-8348 or Skyhawks: (800) 804-3509