



Program Registration Form

Mail or Deliver to: Grandview Heights Parks & Recreation Department, 1515 Goodale Blvd., Columbus, OH 43212

Make Checks Payable to: City of Grandview Heights. **For Registration Information Call: 614-488-3111**

Signing the "Release of All Claims and Promise Not to Sue" section below is required to participate in any Grandview Heights Program.

Name of Participant	Age	Grade	Sex	Program Title	Time	T-Shirt Size	Amount
1.			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL	
2.			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL	
3.			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL	
4.			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL	
5.			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL	
6.			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL	

Please Note: Any program refunds (if applicable) are subject to a \$10.00 administration fee.

Payment Method

We only accept Debit/Credit from Visa, MasterCard and Discover, checks made payable to City of Grandview Heights or Cash

(Check One) Credit Card Check Cash Amount of Purchase \$ _____

If Paying by Credit Card, please fill out below (This section does not need to be filled out if you present your credit card at time of purchase)

(Check One) Visa MasterCard Discover

Credit Card No.: _____ Expiration Date: _____

Security Code (3-digit code on back of card next to signature line) _____ Amt. of Purchase \$ _____

Signature _____ Print Cardholder's Name _____

Billing Address _____ Billing Zip Code _____

Release of All Claims and Promise Not To Sue

As a participant in this and any other program of the City of Grandview Heights, I recognize and acknowledge that there are certain risks and I agree to assume all such risks including any damages resulting from physical injuries, death, loss of service or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connect with or associated with such programs.

In consideration of the City of Grandview Heights, accepting me or my child's registration, and with the intent to be legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the City of Grandview Heights, and its officers, agents, servants, employees and Insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss of damage to property, or any other loss which I may have or my child may have, or which may accrue to me on account of my participation in this and all other programs of the City of Grandview Heights.

Date

Signature (Applicant or parent/guardian)

**If participant is under age 18, the registration form must be signed by parent or guardian.*