

# Registration Form – 216.831.8601

## Orange Community Education & Recreation


32000 Chagrin Blvd., Pepper Pike, OH 44124 – FAX 216.831.4209 – www.orangerec.com

LAST NAME \_\_\_\_\_ FIRST NAME (Parent) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ZIP CODE \_\_\_\_\_

 E-MAIL \_\_\_\_\_

PHONE(S):  \_\_\_\_\_

HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

How did you hear about this program/activity?  Newspaper  Brochure  Website  Flyer/Postcard  
 Word of Mouth  E-mail  Other \_\_\_\_\_

**IMPORTANT:** List ALL diet limitations, allergies, medications or conditions that pertain to participant(s) in space provided:

**FOR OFFICE USE ONLY**

Date \_\_\_\_\_ Total Amt. Rec. \_\_\_\_\_

Make checks payable to:  
Orange Board of Education

Cash  Check # \_\_\_\_\_

MC  Visa  Exp. Date \_\_\_\_\_

Card # \_\_\_\_\_

3-digit Verification Code \_\_\_\_\_

Res  Nonres  Reg. By \_\_\_\_\_

We, the undersigned, do hereby consent to our registrant's participation in the listed program(s). Registrant is in good health and can participate in all activities. Therefore, in consideration of services to be performed by Orange Community Education & Recreation, I/we do further release its agents and employees from any and all claim or liability to us for any damages or injuries which may be sustained by said registrant in connection therewith.

Parent/Guardian Signature & Date \_\_\_\_\_

If all medical information has remained the same since your last registration – please check Yes & initial below; if No, please complete all information:

Yes Initial \_\_\_\_\_ No

**EMERGENCY MEDICAL AUTHORIZATION**  
 In the event of an emergency, if parents/guardians cannot be reached at phone numbers listed, please contact:  
 Name \_\_\_\_\_  
 Relation \_\_\_\_\_ Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_  
*This department does not provide insurance for participants. You must have insurance coverage for your child before enrollment in activities is granted.*

In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Preferred Physician \_\_\_\_\_

Preferred Dentist \_\_\_\_\_

or by another licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

Parent/Guardian Signature & Date \_\_\_\_\_

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish authorities to take no action or to (specify) \_\_\_\_\_

Parent/Guardian Signature & Date \_\_\_\_\_

**ALL ACTIVITIES**

Participant	No.	Course Name	Birth Date	Grade	Bus No.	Teacher	Homeroom	Fee

**Total:** \_\_\_\_\_

**BUS NUMBER & HOMEROOM TEACHER name must be provided above when registering for any AFTER SCHOOL YOUTH activity.**