*****THIS FORM SHOULD NOT BE USED FOR SWIMMING POOL AND ICE RINK REGISTRATION*****

ELYRIA PARKS & RECREATION DEPARTMENT

Registration Form

(PLEASE PRINT)

Participant's Name (LAST/FIRST): _____ **Birth Date:** _____ **Sex: Male Female**

Address: _____**City:** _____ **Zip Code:** _____

Grade: _____ **School:** _____

Program: _____ **Program Location:** _____ **Class Time:** _____

Program Season: **Spring** **Summer** **Fall** **Winter**
(circle one)

If interested in coaching, print name: _____ **(Circle One): Head Coach** **Assistant Coach**

Shirt Size: **Youth Sizes** Small 6-8 Medium 10-12 Large 14-16 * Note: Not all programs receive a t-shirt *
(circle one)
Adult Sizes Small Medium Large X-large

Parent: _____ **Phone: (Home):** _____ **(Cell or Work):** _____

Emergency: _____**Phone: (Home):** _____**(Cell or Work):** _____
Contact Person

E-Mail Address (one letter per box):

Wavier:
Please list any special medications or medical information that would affect participation in this program:_____

(Name of Participant) _____, who would like to participate in this Elyria Parks Recreation Department sponsored activity, release and covenant to hold harmless the City of Elyria, its officers, employees and volunteers from all claims of damages, losses or injuries relative to participation in this activity.

_____ _____
Participant/Parent/Guardian Signature **Date**

OFFICE USE ONLY----------

Program Fee: $_____

Non Res. Fee: $_____

Late Fee: $_____

Total Due: $_____

*** Non-residents add $5 to program fee**
*** Non-residents do not live or work in the City of Elyria**
*** Late fee add $5 after registration deadline**

FEES PAID: $_____ **CASH - CHECK - CREDIT/DEBIT** **DATE PAID:** _____ **STAFF:**_____