

## 3 EASY WAYS TO REGISTER

### 1. Stop-in/Drop-off

Elyria Parks & Recreation Department,  
City Hall, 131 Court Street, Suite 103  
Monday - Friday 8:00 a.m. to 4:30 p.m.  
(After hours drop box located  
behind City Hall by north  
entrance, enter off 2nd Street)

### 2. Mail-in

Checks payable to: Elyria Parks and  
Recreation, 131 Court Street, Elyria, OH  
44035. Send registration form & payment  
or completed credit card information on  
form provided below.

### 3. Fax-in

Complete registration form and  
credit/debit card information and  
fax to: (440) 326-1511.

\*\*\*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: \_\_\_\_\_ School: \_\_\_\_\_

Program: \_\_\_\_\_ Time: \_\_\_\_\_ Circle Program Season: Winter Spring Summer Fall

\_\_\_\_\_ Current Grade for a Winter/Spring Program \_\_\_\_\_ Grade Entering for a Summer/Fall Program

Would you like to Coach or Assist your child's team? (Circle One): Yes No Shirt Size (if applicable) \_\_\_\_\_

If interested in coaching, please print name: \_\_\_\_\_ (Circle One): Head Coach Assistant Coach

Parent: \_\_\_\_\_ Phone: (Home): \_\_\_\_\_ (Cell or Work): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (Home): \_\_\_\_\_ (Cell or Work): \_\_\_\_\_  
Person

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: FEE:\$

CASH -CHECK-CREDIT/DEBIT

DATE PAID:

STAFF:

Please complete the following only if paying by credit card:

Elyria Parks and Recreation Department Mastercard/Visa/Debit Payment Form Fax: (440) 326-1511

Date: \_\_\_\_\_ Payment for: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
(name of program)

Customer name: \_\_\_\_\_ Customer daytime phone number: \_\_\_\_\_  
(as it appears on card)

Mastercard/Visa/Debit Account # \_\_\_\_\_ Expiration date: \_\_\_\_\_ CCVV2#: \_\_\_\_\_  
(circle one) (3 digit # on back of card)

Signature: \_\_\_\_\_ Billing address: \_\_\_\_\_  
(if different from registration form)

Entered by: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Authorization # \_\_\_\_\_  
(staff)