



Fitness, Recreation, Nutrition Program

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2008-2009 Registration Form

Personal Information

Work Phone: _____
Cell Phone: _____
Home Phone: _____
First Name: _____ Last Name: _____
Address: _____ City: _____ Zip Code: _____
Male: ___ Female: ___ Date of Birth: _____ Current Grade: _____ Age: _____
Parent/Guardian: _____ Work Phone: _____
School Attending this fall: _____ Email: _____

Emergency Contact Information

Name: _____
Address: _____
Day Phone: _____
Relationship: _____

Medical Information

Disability and/or level of injury: _____
Physician and/or Clinic: Name: _____
Phone Number: _____

Please circle all that apply to participant:

Allergies (see below)	Ear Tubes	Scoliosis
Arthritis	Glasses	Seizures
Atlantoaxial Subluxation	Hearing Aides	Shunt
Catheter	Heart Condition	Tracheotomy
Diabetes	Hepatitis Carrier	High Blood Pressure
Diet Restriction _____	Other: _____	

Please provide specific information for any medical condition we should be aware of (Allergies, Activity Restrictions, etc.) _____

Does participant use a wheelchair Yes _____ Manual or Power? No _____

Does participant use other mobility equipment Yes _____ No _____ If so, please describe _____

Waiver of Release of Liability and Publicity

As a participant, or as a parent/guardian of the participant in this program, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss resulting from participation in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my son/daughter's participation in the program, against the Columbus Recreation and Parks Department, City of Columbus, Nationwide Children's Hospital, Central Ohio YMCA, agents, employees and volunteers. I do hereby fully release and discharge the Columbus Recreation and Parks Department, City of Columbus, Nationwide Children's Hospital, Central Ohio YMCA, agents, employees and volunteers for any and all claims from injuries, damage or loss which I have or which may occur to me on account of my son/daughter's participation in the program. I further agree to protect, defend, and hold harmless the Columbus Recreation and Parks Department, City of Columbus, Nationwide Children's Hospital, Central Ohio YMCA, agents, employees and volunteers from any and all claims resulting or in any way associated with activities of the program. I have read and fully understand the release form.

Parent/Guardian Signature (under 18 years old) _____ Date _____

Participant Signature (18 years old and over) _____ Date _____

I, the undersigned, hereby authorize the Columbus Recreation and Parks Department Nationwide Children's Hospital, and Central Ohio YMCA to utilize photographs, videotapes, and voice recordings, of the participant to be used exclusively for promotion of the Fitness, Recreation, Nutrition program.

Parent/Guardian Signature (under 18 years old) _____ Date _____

Participant Signature (18 years old and over) _____ Date _____

Please return registration form to:
Mary Beth Moore, CTRS
Columbus Recreation and Parks
1111 E. Broad St.
Columbus, OH 43205