Fitness, Recreation, Nutrition Program

# Fitness, Recreation, Nutrition Program

## 2009-20010
## Registration Form

**Personal Information**

Work Phone:_______________
Cell Phone:________________
First Name:_________________Last Name:___________________Home Phone:_______________

Address:________________________________City:________________ZipCode:_______________

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 CHECK all that apply to participant:

- ☐ Allergies (see below)
- ☐ Arthritis
- ☐ Atlanoaxial Subluxation
- ☐ Catheter
- ☐ Diabetes
- ☐ Diet Restriction___________________
- ☐ Ear Tubes
- ☐ Glasses
- ☐ Hearing Aides
- ☐ Heart Condition
- ☐ Hepatitis Carrier
- ☐ Scoliosis
- ☐ Seizures
- ☐ Shunt
- ☐ Tracheotomy
- ☐ High Blood Pressure
- ☐ 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