

**Washington Township Parks and Recreation  
Registration Form - Please print and fill out completely**

<b>Name of parent or Guardian</b>		First _____	Last _____			If family activity, number attending _____		
<b>Make check or money order out to Washington Township, and mail or bring to 4675 Cosgray Road, Hilliard, Ohio 43026.</b>	Address _____		Washington Township Resident: Yes _____ No _____					
	City _____		State _____		Zip _____			
	Day Phone # _____		Evening Phone # _____		Emergency Phone # _____			
					Medical Info _____			
<b>Participant Name</b>					Birthdate	Sex	Program Name & #	Fee
Last		First	Age	Grade	Mo Day Yr	M/F		
Is this your first time participating in our program? Yes _____ No _____							Total Fee(s)	\$
Where did you hear about the programs?		Newspaper _____		Newsletter _____		Website _____		Other _____
E-mail Address _____								
I give permission to be included in E-mail newsletter mailings: Yes _____ No _____								
<b>METHOD OF PAYMENT</b>								
Cash: _____		Check# _____		(circle) Visa _____		MasterCard _____		Discover _____
						Amount Due \$ _____		
						Cardholder Name _____		Card # _____
						Expiration date on card ____/____		Authorization Signature _____
I _____(participant/parent/legal guardian) acknowledge that participation may involve some risk of physical injury due to the nature of the activity. In consideration for acceptance in this program, I do hereby release and forever discharge for myself, my heirs, executors, and administrator and any representatives, employees, agents, directors, sponsors or any officials of this event. I further represent that I/my child is in good physical condition to participate in this event. I also consent to Washington Township's use of any photographs taken or video tapes made of myself/my child during this program.								
Signature _____		Date _____				For Office Use: Date _____ Amt _____ Credit _____ Ck# _____ Cash _____		

*Please Note:*

**REGISTRATION**

1. Complete the registration form included below. Additional forms are available in the Parks office at 4675 Cosgray Road and on the web at [www.wtwp.com](http://www.wtwp.com).
2. Include with your registration form any fees (credit card information, cash, check or money order made payable to Washington Township).
3. Participants must meet the age requirements by the first day of class.
4. Mail or drop off completed forms with fee payments at the park's office (4675 Cosgray Road, Hilliard, Ohio 43026) by the posted registration deadline. A drop box is located at the barn shelter if the office is closed (office hours are 9 a.m.- 5 p.m. M-F).
5. Class size is limited. Classes are filled on a first-come, first-served basis.

**CANCELLATION**

1. Classes may be cancelled due to insufficient registration. In the event of a cancellation, participants will be notified by phone and any fees paid will be refunded.
2. All registrant cancellation requests must be submitted in writing and received 14 days prior to the first day of the class. Refunds, less a \$5 administrative fee, will be issued if a refund is requested.