



General Registration Form

330-456-4521 • www.cantonohio.gov • Like us on Facebook • 1414 Market Ave North • Canton, OH 44714

Registration

In Person: Visit the Parks & Recreation Department at 1414 Market Avenue North, Canton OH 44714.

By Mail: Completed registration forms can be mailed with full payment, check or money order, to 1414 Market Avenue North, Canton OH 44714.

Make checks payable to Canton Joint Recreation District.

Cancellations: The Canton Joint Recreation District reserves the right to cancel any class or program which does not meet the minimum required participants. In the event your class is cancelled, we will notify you by phone. You may transfer to another class or program, receive a credit for a later class or program or receive a refund.

Refund Policy: Refunds or credits will be given for classes cancelled by the Parks & Recreation Department. Refunds will be granted if request is made 5 working days in advance of the first program date. A \$5 administrative COST will be withheld. Refunds will not be granted once a program begins. Exceptions: Injury which prohibits participants involvement, doctor's statement notifying participants inability to participate. Please allow 3-4 weeks for refund by mail.

Program	Participants Name	Date of Birth	Age	Male/ Female	Shirt Size	Grade	Program Cost	
		/ /		M / F			\$	
		/ /		M / F			\$	
		/ /		M / F			\$	
		/ /		M / F			\$	
<small>T-Shirt Sizing Chart YOUTH: Youth Small (6-8) • Youth Medium (10-12) • Youth Large (14-16) • ADULT: SM, MED, LG, XL, XXL</small>							Total	\$

Participants address (if different than parent/guardian) : _____

Parent/Guardian's Last Name: _____ **Parent/Guardian's First Name:** _____ **E-Mail:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Emergency Contact: _____ **Phone:** _____

Does this participant need any special assistance? Yes _____ No _____

Explain: _____

List any health problems, medications, allergies or special meds: _____

Name of **ONE** player to be on the same team for transportation reasons: _____

Please indicate any special requests in the above box. All requests must be made by the DEADLINE. **Requests are not guaranteed.**

Denial of your special requests does not constitute a valid reason for refund, please refer to refund policy.

Name/phone number of Parent or Guardian that would like to volunteer their services for this program: _____ **Shirt Size:** _____

AGREEMENT TO PARTICIPATE

I, in consideration of the permission hereby granted for my child to participate in this program, sponsored by the Canton Parks and Recreation Department, agree to assume the risk of any and all personal injuries to my child, or property damage, and to hold harmless the City of Canton or its agents, employees and volunteers from any and all injuries or property damage arising from this event, and hereby release any and all claims of whatever nature arising therefore.

SIGNED PARENT OR GUARDIAN understands that he/she grants permission for emergency first aid or other life sustaining medical procedures by a qualified and licensed individual on the child and assumes financial responsibility for any and all injuries, to include ambulance and hospital costs.

SIGNED PARENT OR GUARDIAN agrees to obey all Regulations set forth by the City of Canton or its agents, and voluntarily agrees to participate and obey the assigned coach, supervisor or agents of the City of Canton.

SIGNED PARENT OR GUARDIAN is aware of the risks involved in this event assumes such risks, and represent that his/her child is physically fit to participate.

All costs and forms must be filled out and submitted to the Parks and Recreation office before the program DEADLINE.

Late registrations will be accepted only if space is available and if necessary program supplies have not been ordered. Late registrations will be assessed an additional \$5.00 late registration COST.

Your image may be used for promotional purposes, by signing you consent to these terms.

Signature of Parent or Legal Guardian: _____ Date: _____