

Registration Form – 216.831.8601

Orange Community Education & Recreation


32000 Chagrin Blvd., Pepper Pike, OH 44124 – FAX 216.831.4209 – www.orangerec.com

LAST NAME _____ FIRST NAME (Parent) _____

ADDRESS _____

CITY/ZIP CODE _____

 E-MAIL _____

PHONE(S):  _____

HOME _____ CELL _____ WORK _____

How did you hear about this program/activity? Newspaper Brochure Website Flyer/Postcard
 Word of Mouth E-mail Other _____

IMPORTANT: List ALL diet limitations, allergies, medications or conditions that pertain to participant(s) in space provided:

FOR OFFICE USE ONLY

Total _____
 Date _____ Amt. Rec. _____

Make checks payable to:
 Orange Board of Education

Cash Check # _____

MC Visa Exp. Date _____

Card # _____

Res Nonres Reg. By _____

We, the undersigned, do hereby consent to our registrant's participation in the listed program(s). Registrant is in good health and can participate in all activities. Therefore, in consideration of services to be performed by Orange Community Education & Recreation, I/we do further release its agents and employees from any and all claim or liability to us for any damages or injuries which may be sustained by said registrant in connection therewith.

 Parent/Guardian Signature & Date

EMERGENCY MEDICAL AUTHORIZATION
 In the event of an emergency, if parents/guardians cannot be reached at phone numbers listed, please contact:
 Name _____
 Phone _____ Relation _____

Insurance Carrier _____
 Policy Number _____
This department does not provide insurance for participants. You must have insurance coverage for your child before enrollment in activities is granted.

In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:
 Preferred Physician _____
 Phone _____
 Preferred Dentist _____
 Phone _____
 or by another licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

 Parent/Guardian Signature & Date

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish authorities to take no action or to (specify)

 Parent/Guardian Signature & Date

Participant	No.	Course Name	Birth Date	Grade	Bus No.	Homeroom Teacher	Fee
Total:							

BUS NUMBER & HOMEROOM TEACHER name must be provided above when registering for any AFTER SCHOOL YOUTH activity.