

Solon Recreation Department Blue Ribbon Registration Form

Registration Form Instructions

- 1) Please call Kimberly English at 440.248.5747 ext 2114 for program availability.
- 2) A completed form is required for each and every registered activity.
- 3) Mail completed form to the attention of The Blue Ribbon Program, Solon Recreation Department,
- 4) 35000 Portz Parkway, Solon Ohio 44139 with the total payment for all registered activities. **Please make checks payable to SOLON RECREATION DEPARTMENT.**

PARTICIPANT'S LAST NAME: _____

PARTICIPANT'S FIRST NAME: _____

CIRCLE APPROPRIATE: MALE FEMALE

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

ALTERNATIVE PHONE NUMBER: _____

AGE OF PARTICIPANT: _____

BIRTH DATE: _____

Emergency Information (Alternative from Above)

NAME: _____

PHONE NUMBER: _____

RELATION: _____

Program Name:

Start Date: _____

End Date: _____

Time: _____

Day: _____

REFUND POLICY

1. A \$3.00 service charge will be assessed on any refunds.
2. Refunds after the registration deadline will be processed in the amount of 50% of the registration fee.
3. There will be no refund on contracted programs.
4. Refunds will be processed through the City of Solon Finance Department and will be mailed to your home. Please allow 3-4 weeks.

RELEASE

In consideration of permission granted to me for my participation in the Solon Recreation program and other valuable consideration, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the City of Solon, its Recreation Department, its officers, employees, officials and agents, jointly and severally from any and all claims, demands, actions, judgments and executions, which may arise out of my participation in the Solon Recreation Department programs. Further, in consideration of permission granted to me for my participation in the Solon Recreation Department program, I hereby agree, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify any, all or any combination of the aforesaid, jointly and severally and to hold and save harmless from and against any and all actions, claims, demands, liabilities, loss damage or expense of whatever kind nature, including attorney's fees, which may at any time be incurred by reason of my participation in the Solon Recreation program.

Office Use only

Date _____ **Roster#** _____

Amount: _____

Check number: _____

Check Amount: _____

Received by: _____

PARENT/GUARDIAN SIGNATURE

DATE