

# Registration Form – 216.831.8601


## Orange Community Education & Recreation


Pepper Pike Learning Center • 32000 Chagrin Blvd., Pepper Pike, OH 44124  
 Register online at: [www.OrangeRec.com](http://www.OrangeRec.com) • [Reclnfo@orangecsd.org](mailto:Reclnfo@orangecsd.org) • FAX 216.831.4209  
 Visa • MasterCard • Discover • Checks payable to “Orange Board of Education”

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:** Please list **ALL** diet limitations, allergies, medications, conditions, or special information that pertain to participants - to be shared with program instructors & staff.

My child has special health, accessibility, learning differences, or behavioral needs.  
 Please contact me privately for further clarification.

### ALL ACTIVITIES

Participant's Name	Gender	Course No.	Course Name	Birth Date	Grade	Bus No.	Homeroom Teacher	Course Fee
<b>Total:</b>								

FOR OFFICE USE ONLY

Date \_\_\_\_\_ Total Amt. Rec. \_\_\_\_\_

Cash     Check # \_\_\_\_\_

MC     Visa     Discover

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ 3-digit C.V.V. Code \_\_\_\_\_

Resident     NonResident Reg. By \_\_\_\_\_

We, the undersigned, do hereby consent to our registrant's participation in the listed programs. Furthermore, we grant permission for activity photos of the registrant to be used by OCER for promotional purposes. 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.

**X**

Parent/Guardian Signature & Date \_\_\_\_\_

If all medical information has remained the same since your last registration – please check Yes & initial below; if No, please complete all information:

Yes \_\_\_\_Initial                       No

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

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

*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: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_

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.

**X**

Parent/Guardian Signature & Date \_\_\_\_\_

