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 _____

FOR OFFICE USE ONLY

Date _____ Total Amt. Rec. _____

Make checks payable to: Orange Board of Education

Cash ☐ Check # _____

MC ☐ Visa ☐ Exp. Date _____

Card # _____

3-digit Verification Code _____

Res ☐ Nonres ☐ Reg. By _____

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:**

ALL ACTIVITIES

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.

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

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 _____

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