

REGISTRATION FORM

PLEASE PRINT & FILL OUT COMPLETELY

PLEASE CHECK IF ADDRESS BELOW IS NEW

PREVIOUS STREET _____

Is this your first time participating in our program(s)? Yes No Do you work in Kettering? Yes No If yes, where? _____

PRIMARY GUARDIAN	FIRST _____	LAST _____	MI _____
	ADDRESS _____		
Household #	CITY _____	STATE _____	ZIP CODE _____
	PRIMARY PHONE () - _____	SECONDARY PHONE () - _____	
EMERGENCY PHONE () - _____	EMERGENCY CONTACT _____		
PLEASE LIST CLASSES IN ORDER OF PREFERENCE		EMAIL ADDRESS _____	

OFFICE USE ONLY
DATE
INITIALS
RECEIPT #

REG. #	PARTICIPANT NAME		BIRTH DATE			SEX	ACTIVITY NAME	FEES
	LAST	FIRST	MO	DAY	YEAR			

The City of Kettering invites people with disabilities to enjoy our programs, services, parks and facilities.
Participant needs a modification because of a disability. Yes No

WAIVER FOR PARTICIPANT AND/BY PARENT

I, for myself and my child(ren), agree to assume all risks, including, but not limited to, risk of physical injuries, illness, disease, virus, death, loss of services or consortium, loss or damage to property, or any other loss or damage I or my child(ren) may sustain as a result of participating in any and all activities connected with or associated with this program(s). In consideration of the City of Kettering allowing my child or my children to participate in this program, and with the intent to be legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever: release, waive, and relinquish all claims I or my child have or may have as a result of participating in this program; promise not to sue the City of Kettering or its officers, employees and agents; and agree to indemnify and hold harmless and defend the City of Kettering and its officers, employees and agents, from any and all liabilities, claims, demands, actions or causes of action resulting from, whether directly or indirectly, my or my child's participation in this program; and grant and give the City of Kettering the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion. By signing below, I certify that I have read and agree to be bound by these conditions and that all information contained herein is true and that I am giving up legal rights.

Make check or money order payable to the **City of Kettering** and mail to CLASS REGISTRATION, Kettering Parks, Recreation and Cultural Arts Department, 2900 Glengarry Drive, Kettering, Ohio 45420.

FORM OF PAYMENT	TOTAL FEES: \$	_____
<input type="checkbox"/> 1 CASH	TOTAL AMOUNT \$	_____
<input type="checkbox"/> 2 CHECK	ENCLOSED:	_____
<input type="checkbox"/> 3 MONEY ORDER		
<input type="checkbox"/> 4 CREDIT CARD		

TO PAY BY CREDIT CARD, PLEASE CALL OR VISIT ANY INFORMATION DESK OR VISIT WWW.PLAYKETTERING.ORG

PATRON SIGNATURE

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Installment Payment Authorization Form

- I hereby authorize the automatic debit from my credit card located at the financial institution indicated below.
- I understand that the first installment payment will be made at the time of application by cash, check or credit card, with eleven (11) installments to follow. I understand that there is a \$2 service fee applied to each installment payment for a total of \$24.
- Installments will be charged to my account between the 15th and 20th of each month.
- I further understand that if I change or close this account, I will notify the City of Kettering with the new account information immediately. The City of Kettering is not responsible for fee incurred on a closed account.
- If the City of Kettering is not able to collect an installment payment from my credit card, I will be notified and asked to pay the amount due plus a \$10 processing fee which must be paid in person with cash or credit card by the 10th of the next month.
- I understand that upon the second automatic charge rejected for non-sufficient funds, the balance of all future installments are due immediately to avoid cancellation of my membership.

Account Holder Name (Print) _____

Account Holder Signature _____

Credit Card Information

Type _____ Exp. Date _____

Last Four Digits of the Card Number _____

STAFF USE ONLY:

Annual Pass Fee \$ _____ Installment Payment \$ _____

___ New ___ Renewal First Month Payment Paid \$ _____ Cash ___ Check ___ Credit Card ___

Staff Initials _____ Date _____

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