

2751 Washington Mill Rd • Bellbrook, Ohio 45305 PHONE 937-848-3535 • FAX 937-848-6252 www.bellbrooksugarcreekparks.org

REGISTRATION FORM

NAME OF PARTICIPANT		
BIRTHDAY (Required - Month/Day/Year) PARENT'S NAME (For Minors Only) ADDRESS EMAIL ADDRESS (Required)		PHONE
		ZIP
Would you like to be on our e	mail list? Yes No	
CLASS	DATE & TIME	FEE
	Total Encl	osed
REQUIRED INFORMATION:		
Emergency Contact Name	" " " " " " " " " " " " " " " " " " " "	Phone
Medical Information (allergies Special Circumstances	s, medications, etc.)	
Special Circumstances Transportation: Driven	Walking	
WAIVER FOR PARTICIF	PANT	
and employees, and owners of pro	perty managed by BSPD for any lo	k Park District (BSPD), all its agents oss, damage, injury and expenses as orograms / use of property associated
PHOTO RELEASE By participating in any BSPD progra and to permit the BSPD to use any p		
WEATHER RELATED C If Sugarcreek Local Schools are closenow storms) programs or classes we channels.	sed on any weather emergency day	
CANCELLATION/REFU Credit towards future fees will be iss cancelled by the BSPD		will be issued for programs
SIGNATURE and Date (Re	equired)	

Participant MUST sign. (If participant is under 18, this waiver must be signed by parent or guardian.)