



City of Gahanna Department of Parks & Recreation
SWIM TEAM REGISTRATION
 Gahanna Department of Parks & Recreation, 200 S. Hamilton Rd, Gahanna, OH 43230

I am a new swimmer this year and heard about swim team through the _____ family !

Adult Name (Parent or Guardian): Last _____ First _____

Address _____

City _____ State _____ Zip _____ E-mail _____

Home Phone _____ Work Phone _____ Emergency Phone _____

| Participant Name | Birth Date | M/F | Program # | | | | | Section | T-Shirt Size | Program Title | Fee |
|------------------|------------|-----|-----------|---|---|---|---|---------|--------------|---------------|-----|
| | | | 1 | 4 | 2 | 5 | 1 | | | | |
| | | | 1 | 4 | 2 | 5 | 1 | A | | HRP Swim Team | |
| | | | 1 | 4 | 2 | 5 | 1 | A | | HRP Swim Team | |
| | | | 1 | 4 | 2 | 5 | 1 | A | | | |
| | | | | | | | | | | Total = | |

Program Fee: Member: \$80 Residents: \$95 Non Residents \$105

Please make checks payable to City of Gahanna.

Both membership fee and parent volunteer fee must be paid in full with registration and before season starts. Your checks will only be cashed if you do not complete your parent volunteer work shifts. The fee is \$50.00, which will cover payment of meet workers needed for uncovered shifts. If you sign up for, and complete your shifts, your checks will be returned.

***Please bill my credit card (circle one): MC VISA AMX DIS _____**

Name of Cardholder Account Number Exp. Date

Security Code _____

For and in consideration of the opportunity to participate in the above described Gahanna Parks & Recreation Program, I, for myself, my heirs, executors, and administrators, acquit, discharge and covenant to hold harmless the City of Gahanna, its successors, its officers, employees, servants, and agents of and from any and all actions, claims, causes of actions, claims demands, damages, costs, loss of services, expenses and compensations, on or account of or in any way growing out of any and all personal injury or property damage which may result to me as a result of participation in the aforementioned activity. I/We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my child's name, both single 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 promotions relating thereto.

____ I do not give my permission for photographs to be used.

_____ signature _____ date