

# Program Registration

Mason Community Center • 6050 Mason-Montgomery Road, Mason OH 45040 • 513-229-8555 • Fax: 513-229-8556

Please note that some events require registration by means other than this form.

## ADULT NAME (PARENT OR GUARDIAN)

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

For questions, please call the Mason Community Center at 513-229-8555. Forms may be delivered or mailed to the Mason Community Center, or faxed to 513-229-8556.

PARTICIPANT'S NAME	BIRTHDATE	GRADE	SEX	PROGRAM NUMBER	ACTIVITY	EVENT DATE	FEE

TOTAL FEES

## FORM OF PAYMENT

- CASH (DO NOT SEND CASH THROUGH MAIL)
- CHECK (PAYABLE TO "CITY OF MASON")
- MONEY ORDER
- CREDIT CARD (COMPLETE INFO AT RIGHT) ➔

## COMPLETE IF PAYING BY CREDIT CARD

- MASTERCARD
- VISA

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

In consideration of my or my child's enrollment and participation in this program, I hereby, for myself and/or my child, waive and release any and all rights and claims for damages I or my child may have against the City of Mason, its employees, contractors, volunteers or representatives, for any and all injuries suffered by me or my child in any activity sponsored by this group. I furthermore indemnify and save harmless the City of Mason for any and all loss and damage to person or property that may arise out of participation in this activity. I understand that photographs and/or videotapes of me or my family members participating in or using a City of Mason program or facility may be taken for use in promoting City of Mason activities and facilities in future editions of *Funformason*, in a variety of other publications, in display boards throughout the Community Center, and for other uses by the City of Mason. I hereby give my permission to use such photographs and videotapes without compensation to me.

Please check here if you require assistance to make these programs accessible to you

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## SEE REGISTRATION PROCEDURES ON BACK COVER

**RETURNED CHECKS:** A \$25 processing fee will be assessed for any checks returned by your bank as unpayable.

**REFUND POLICY:** All refunds will be made according to the following guidelines:

**Canceled by department:** If the department cancels a program or event, participants will receive a household credit in the full amount of the program

or event. At the participant's request, a full refund in the form of a city check will be issued in accordance with the Finance Department's bill paying schedule. There will be no cash refunds.

**Refunds requested before the program/event begins:** Refunds will be made only before the start of the class/program and only for the following circumstances:

A) When the refund is requested at least

seven calendar days in advance of the first class meeting date.

B) When a participant becomes ill. (You must present a physician's statement and notify the Parks & Recreation Department before the start of the class/program.)

**Refunds after the program/event begins:** A household credit will be issued after the program begins only if the participant becomes ill (a

physician's statement must be provided). The credit will reflect the pro-rated amount of the program fee, based on the number of sessions attended by the participant.

**Passes/Memberships:** Passes or memberships are non-refundable and non-transferable.

**Rentals:** Subject to the terms of the signed rental agreement.