

## **Seven Hills Community Recreation Center**

## **Guest Registration**

Guest Name:	
Address:	
City:	
Date of Birth:	
Phone Number: (H)	(W)
Emergency Contact Name:	
Emergency Contact Phone Number:	
w	aiver and Release
volunteers or sponsors will NOT be held respon or off the facility used or while en-route to supplemental insurance is offered or available known conditions that would prevent him/he condition to perform in the activity. Registrar and videos of themselves and their children of program brochure, website, and additional upper section of the section of	Seven Hills Community Recreation Center, it's employees, onsible for any injuries suffered during the above program, o or from the program. We understand that no le. We acknowledge that the above participant has no er from participation and that they are in proper physical has and participants of programs permit the taking of photos during the department activities for publication in the ses as the recreation center deems necessary. We also standard of sportsmanship while attending activities.
Signature of Participant	Date
Signature of Parent/Guardian (if participant i	s under 18)
Guest registrati	ion <b>cannot</b> be transferred.
	' IS REQUIRED FOR SEVEN HILLS R TO RECEIVE RESIDENT RATE.
Residents: \$5 each visit	
Parma Resident: \$10 each visit	
Non-Residents: \$15 each visit	
Staff Initials:	ID:

ID:\_\_\_\_