

# HCER REGISTRATION FORM (330) 653-1210

**MAIL TO: Hudson Community Education & Recreation • 2440 Hudson Aurora Road • 44236**

**OR FAX TO: (330) 653-1366 with Visa or MasterCard**

***Make Checks Payable to: Hudson City Schools***



\_\_\_\_\_  
**Parent/Guardian Last Name** **First Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City** **Zip Code** **e-mail**

\_\_\_\_\_  
**Phones: Home** **Work** **Cell**

Check here if your child has special needs that require additional assistance.  
 Requests must be submitted 10 days prior to class start date.

**For Office Use Only:**  
 Check #: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Receipt: \_\_\_\_\_

**Youth Activities: *Must Complete Participation Waiver and Release below.***

Participant	Class #	Course Name	Grade	Boy/Girl	Birthdate	Fee

**Adult Activities**

Participant	Class #	Course Name	Fee

**Participation Waiver and Release – MUST BE FILLED OUT FOR YOUTH REGISTRATIONS!**

I, as parent or guardian of this registrant, do hereby consent to his/her participation in the listed program. Registrant is in good health and can participate in all activities. Therefore, in consideration of services to be performed, we do hereby release the Hudson City School District Board of Education, Hudson Community Education and Recreation, its officers, agents, members, and employees (collectively referred to as the "Board"), in their official and individual capacities from any and all claims, liability or demands for any personal injury, sickness or death as well as property damage expenses of any nature whatsoever which may be sustained or incurred by said registrant in connection with participation.

Furthermore, we, on behalf of the registrant, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of the registrant's participation in the listed program.

The undersigned further agrees to defend, hold harmless and indemnify the Board for any liability sustained by said Board as a result of the negligent, willful or intentional acts of the registrant.

List any special considerations or health problems ( medications, allergies, etc.) Specify which child if registering more than one child.

The undersigned acknowledges that the Board does not provide insurance for participants. I further acknowledge that registrant must have insurance coverage to participate in the program listed. I hereby certify the presence of such valid health insurance policy for registrant. In the event that reasonable attempts to reach parents/guardians at phone number listed have been unsuccessful, I hereby give my consent for the administration of any and all emergency treatment deemed necessary by a licensed physician or the transfer of child to nearest appropriate hospital or emergency facility.

We further understand, consent and agree that the Board will not be held responsible for the results of such emergency treatment.

**X** \_\_\_\_\_  
 Parent/Guardian Signature for Medical Consent, Date  
 Participation, and Waiver and Release

**CREDIT CARD PAYMENT: CARDHOLDER NAME** \_\_\_\_\_

**CARD #** \_\_\_\_\_ **VISA** \_\_\_\_\_ **MASTERCARD**

**EXPIRATION DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_