

 Shaker Heights Recreation Department Registration Form 2020-2021 Hockey Program	Today's Date	Grade (Fall 2020)	School
	Email		
Participant Name (one form per child)	Date of Birth	Age	Gender
Parent/Guardian (if participant is under 18)	Home Phone	Work Phone	Cell Phone
Address	City/State		Zip

Team Level	Fee
<input type="checkbox"/> Mite ADM <input type="checkbox"/> Squirt <input type="checkbox"/> Pee Wee <input type="checkbox"/> Bantam	\$

Interested in volunteering as:	<input type="checkbox"/> Head Coach	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Organization
Name:	Preferred Program/Team:		

Registration options for City of Shaker Heights Recreation Department Programs:

All HOCKEY registrations must be returned via email to Tammy Bell at shrec@shakeronline.com

Online (24 hours a day)

All shakeronline.com registrations with credit card only. VISA, MasterCard, and Discover.

Mail

Mail completed registration form to the Thornton Park office with check or money order for total fees made payable to **City of Shaker Heights**. See address below.

Phone

216-491-1295 or 216-491-1360. Call in your registration during office hours listed below. Have your VISA, MasterCard, or Discover information available.

In Person

Register in person during office hours at our two office locations. Locations and hours listed below. Registration forms available at both offices.

Drop-Box

Drop completed registration form with payment in our drop-box slot located on the door to the Thornton Park office between 5 am and 10 pm daily. Please do not drop off cash payment. Check or money order only.

Waiver: I hereby give permission for the person registered above to participate in recreation activities including camps. By signing this registration form, I release and hold harmless the City of Shaker Heights, the Shaker Heights School District and their respective employees, agents and representatives from any and all claims, costs, damages and liabilities for any injuries sustained by participation of the individual named above in any program offered by the City of Shaker Heights. I agree to pay the specified amount (s) for the 2019– 2020 Hockey Program to the City of Shaker Heights Recreation Department. I understand the consequences that will be brought against me if the agreed payments are not made. The penalties could include removal from the ice and account being submitted to the City of Shaker Heights Law Department for collection. Upon nonpayment, I agree to pay any fees and costs the City of Shaker Heights may incur collecting my balance owed.

X

Signature of Participant (Parent or Legal Guardian if under 18 yrs)

Concussion Information: I acknowledge that I have received the youth sports organization concussion information sheet as required under Ohio's "Return to Play Law."

X

Signature of Participant (Parent or Legal Guardian if under 18 yrs)

Check here if you do NOT want the City to take or use photographs of the participant.

Please return completed registration form (s)

**Via Email to Tammy Bell at
shrec@shakeronline.com
www.shakeronline.com**

Hockey Registration/Medical Form

Date: _____

Participant Name: _____ Birthdate: _____ Age: _____

Street Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email: _____

Medical concerns or special needs (please circle)? **Yes** **No**

If yes, please explain. (Must list all allergies and any special precautions or treatments, including medication indicated for identified conditions)

EMERGENCY CONTACT INFORMATION

Parent/Guardian: _____ Relationship: _____

Street Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email: _____

Must complete either Part I or Part II below. DO NOT COMPLETE BOTH

PART I: PERMISSION TO TRANSPORT CHILD

This form authorizes the City of Shaker Heights to secure emergency transportation for a child. This form does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental treatment, as each emergency facility sets its own treatment procedures.

I give the City of Shaker Heights permission to transport my child, _____
to _____ or to _____ for emergency
medical care, or to the facility nearest available for assistance.

Child's Name

Emergency Medical Care or Hospital/Clinic

Emergency Dentist/Dental Clinic

Parent/Guardian Signature: _____ Date: _____

PART II: REFUSAL TO GRANT PERMISSION

I **DO NOT** give the City of Shaker Heights permission to transport my child, _____
for emergency
medical or dental treatment. I wish the following action to be taken:

Child's Name

Parent/Guardian Signature: _____ Date: _____



CITY OF SHAKER HEIGHTS RECREATION DEPARTMENT
2020-2021 ZERO TOLERANCE POLICY

To ensure a safe, enjoyable and positive experience for all who use the City's recreational facilities, including ice arena, outdoor/indoor pool, parks, fields and playgrounds, the following policy is in effect and fully enforceable by the City of Shaker Heights Recreation staff.

This policy addresses inappropriate or disruptive behavior that interferes with the pleasure and peaceful atmosphere at all City recreational facilities by parents, participants, officials, spectators and employees. The City will ensure the most supportive climate for residents of Shaker Heights so they can enjoy their sport or activity.

The focus of this policy is on inappropriate or disruptive behavior which is not allowed or tolerated on the grounds or in the City recreational facilities, fields, pool or parks, playgrounds.

The following behaviors will not be accepted or tolerated:

- Verbal assaults using loud, obscene or vulgar language in a combative or confrontational manner.
- Threats and attempts to intimidate individuals, coaches, officials, lifeguards, employees or guests.
- Throwing of articles in a deliberate or aggressive manner.
- Physically striking another individual.
- Goaded or inciting violence in others.
- Vandalism to City or school property.
- Racial or ethnic slurs.
- Lewd or lascivious sexual behavior.
- Theft of property.
- Possession of weapons.
- Drug or alcohol abuse.

Individuals who engage in any of the above behaviors will be subject to ***immediate ejection from the property or facility and a mandatory suspension*** from all City properties and facilities for a period of time ***not less than two months*** with forfeiture of all fees and/or pool passes. Two months is a minimum period only and may be extended by the Director of Recreation.

Incidents of violence, theft, vandalism, lewd and lascivious sexual behaviors, drug/alcohol use and weapon possession will be reported to the Shaker Heights Police Department immediately and criminal charges may follow.

There will be no reconsideration by the City with respect to the length of a suspension or prohibition. Where new information is available, a suspended individual **may** request reconsideration of the facts on which the suspension is based. Such request must be made to the Director of Recreation, who will consider the new information and make a decision. **ALL SUCH DECISIONS OF THE DIRECTOR ARE FINAL.**

In the case of vandalism, not only will the individual (s) responsible be subject to suspension as outlined above, but will be required to reimburse the City for the cost of repair.

Parent's Signature

(Print Child's Name)

Date