




SHAKER HEIGHTS

Shaker Heights Recreation Department

# Registration Form

2018-2019 Hockey Program

 <b>SHAKER HEIGHTS</b>	Today's Date		Grade (Fall 2018)	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"/> Mighty Mite <input type="checkbox"/> Mite ADM <input type="checkbox"/> Squirt <input type="checkbox"/> Pee Wee <input type="checkbox"/> Bantam	\$

Interested in volunteering as:  
 Head Coach  
 Assistant Coach  
 Organization

Name: \_\_\_\_\_ Preferred Program/Team: \_\_\_\_\_

### Registration options for City of Shaker Heights Recreation Department Programs:

**All HOCKEY registrations must be returned in person** to Thornton Park or the Stephanie Tubbs Jones Community Building.

#### 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 2018- 2019 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) to

#### Thornton Park Office

Via Mail, Fax or drop box:  
3301 Warrensville Center Road  
Shaker Heights, OH 44122  
Fax: 216-991-4219  
M 8:30 a.m.—5 p.m.  
T—F 8:30 a.m.—6 p.m.  
S 10 a.m.—3 p.m.

#### Stephanie Tubbs Jones Community Building

Via Mail:  
3450 Lee Road  
Shaker Heights, OH 44120  
M—F 8:30 a.m.—5 p.m.

[www.shakeronline.com](http://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: \_\_\_\_\_