

# Program Registration Form (not used for Summer Camps)

*One participant and one program per application please. Make copies as needed.  
Additional forms are available on the Cincinnati Parks website: [cincinnati-oh.gov/parks](http://cincinnati-oh.gov/parks)*

Name \_\_\_\_\_

Age / Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

E-mail address (optional): \_\_\_\_\_

Location of Program / Nature Center \_\_\_\_\_

Program Title \_\_\_\_\_

Session / Time Desired (if more than one offered) \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Visa  Master Card  Check  Payable to: *Treasurer, City of Cincinnati*

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholders Name as it appears on card \_\_\_\_\_

Billing Name and Address \_\_\_\_\_

I hereby release and save harmless the Cincinnati Board of Park Commissioners and its employees from any and all liability for any injuries, loss, or other claims arising out of this program. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the program director to administer treatment, including hospitalization, for my child as named above. I give permission for my child to be photographed and for his/her picture to be used without identification or compensation in Park publications.

Parent/guardian Signature \_\_\_\_\_

Please print parent/guardian name \_\_\_\_\_

*If your child has medical problems or allergies, **including food allergies**, attach a note informing the staff of the potential problem.*

**To register, mail the form above with payment to:  
Bettman Natural Resources Center, Cincinnati Parks  
4 Beech Lane  
Cincinnati, OH 45208**

