

**PERRYSBURG RECREATION DEPARTMENT  
REGISTRATION 2008  
WAIVER FORM**

AGE \_\_\_\_\_

Child's Full Name (Print)    City \_\_\_\_\_ Township \_\_\_\_\_    GRADE ENTERING \_\_\_\_\_

My child, \_\_\_\_\_, has my permission to participate in the Perrysburg Recreation Program. I will not hold the City of Perrysburg, or any person employed by the City responsible for any injury or accident that may occur to my child while he/she is participating in said program and all special events in conjunction therewith.

\_\_\_\_\_  
Parent Signature

Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Person to Contact: \_\_\_\_\_

Place: \_\_\_\_\_ Phone: \_\_\_\_\_

REGISTRATION FORM

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade Entering \_\_\_\_\_

Allergies & Medication: \_\_\_\_\_

ONE REGISTRATION/WAIVER FORM PER CHILD

PROGRAM	TIME/DAY	FEE
1. _____		_____
2. _____		_____
3. _____		_____
4. _____		_____
5. _____		_____

Mail To:    City of Perrysburg  
              Summer Recreation  
              201 West Indiana Avenue  
              Perrysburg, Ohio 43551-1582

Email Questions to: [perrysburgrec@hotmail.com](mailto:perrysburgrec@hotmail.com)

\*\*\*All Fees Must Be Paid At The Time Of Registration\*\*\*Please Make All Checks Payable To: The City Of Perrysburg\*\*\*  
**All YMCA Swimming Lessons Must Be Paid to the YMCA of Perrysburg, Ohio**