



REGISTRATION INFORMATION



3 Easy Ways to Register for Activities

1. MAIL IN

Check/Money Order/ or Household Credit.

Complete the enclosed registration form, include your payment via check or money order and mail to:



**Greene County Parks
Activity Registration
651 Dayton-Xenia Road
Xenia, OH 45385**

2. WALK IN

Check/Cash/Money Order/Household Credit

Walk-in registration begins on the dates as noted above. You may come to our administrative office and register during regular business hours, Monday-Friday, 7:30 am - 4 pm.



3. DROP-OFF

Check/Money Order/Household Credit

Our secure Registration Drop Box is located at our administrative office on the right side of the front door located on the large, covered porch for those who wish to drop-off registrations after hours. Drop-off registrations will be processed in the order in which they are received.

Payment Methods

Greene County Parks accepts cash, personal checks, money orders or household credits for activity registrations. *A \$25 service fee will be charged for all checks not honored for any reason by the bank.* Checks or money orders should be made payable to **GREENE COUNTY PARKS**.

Refunds & Cancellations

1. NO CASH REFUNDS

All refunds will be in the form of a household credit or check to be paid according to Greene County's payment schedule.

2. CANCELLED ACTIVITY

Activities with fees will be cancelled for insufficient registration seven (7) days prior to the activity start date. If an activity is cancelled or closed for any reason, you will receive a full refund in the form of a household credit (see below) or check, or you may transfer your fee to another activity. Watch your local television stations, listen to the local radio stations or call 937-562-7440 for cancellations or program updates during inclement weather. Registrants will also be called in the event of a cancelled activity.

3. REGISTRATION CANCELLATIONS

Household credits, refunds or transfers will only be made prior to the start of an activity (except Motorcycle Ohio) for the following reasons:

- When the refund is requested at least 7 days in advance of the first class meeting, providing the request does not drop the enrollment below the required minimum.
- When a participant becomes ill. You must present a written doctor's statement and notify Greene County Parks prior to the start of class.
- When a participant moves from the area and requests a refund prior to the start of class.

4. HOUSEHOLD CREDIT

Household credit is only valid 12 months after the date it was issued.

Notice to Participants

It is in your best interest to **REGISTER EARLY** to be sure to get the activities that you want as they tend to fill up quickly. We make every effort to conduct the activities we publicize; however, in fairness to our instructors, we will cancel fee-based activities due to insufficient registration seven (7) days prior to the initial start date of the activity.

It is our desire to provide you with safe, exciting, and fun opportunities that you can enjoy with your friends and family. Please recognize that all activities of a physical nature involve some risk and by registering for an activity of this nature, there is an assumption of risk by the participant. We are dedicated to providing safe facilities and equipment for all participants, as well as qualified, trained staff. Every effort is made to ensure the safety of the participants and to provide them with first-class recreation and nature activities, facilities and parks.

Photo Policy

On occasion, members of the park staff or park volunteers will take photos of participants in our activities and at our events, people in parks, or on park properties. Please be advised that these photos are for Departmental use only and may be used in future activity guides, web sites, brochures, media releases or flyers.



PLEASE NOTE: A 25% or \$5 fee (whichever is greater, not to exceed \$10) will be charged to cover processing costs on all refunds unless a household credit is utilized.

Confirmation

After processing your registration, we will mail you a confirmation listing the activities in which you are enrolled. If we are unable to place you in an activity, we will notify you by phone.

Cost of Activities

Full payment for activities must be made at the time of registration. Resident costs are for participants residing in Greene County and are designated by (R); (NR) for non-residents. Our activity fees are put in place to cover costs incurred when activities are offered. Fees are not charged to use the parks and/or park facilities.



REGISTRATION FORM



One form per registrant, please. This form may be duplicated. Please print clearly and fill out completely to ensure a smooth transaction. You are not officially registered for any activity until your completed form and fee is received by Greene County Parks.

Name of Registrant: _____
Date of Birth: _____ M / ___ F Grade (if applicable): _____ First time Registrant: ___ Y / ___ N
Parent/Guardian Name: _____
Address: _____ City/State: _____ Zip: _____
Day Phone: _____ Evening Phone: _____ Cell Phone: _____
Email: _____ Alternative Emergency Contact & Phone: _____

Title of Activity	Section #	Activity Fee(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

___ Greene County Resident ___ Non-Resident **Cash/Check/Money Order/Household Credits Only** **TOTAL FEES:** _____

RELEASE OF LIABILITY CONSENT:

By signing this form, I agree to hold harmless and release the Board of Greene County Commissioners and the Greene County Park District, their individual members and all of their officers, agents, assigns and employees from any and all loss, damage, liability, injuries, medical conditions, and costs or expenses as may arise, or may be caused in any way by participation in Greene County operated park programs or activities in which I or my child/ward may participate. I further understand that I assume all responsibility for any loss, damage, liability, injuries or medical complications from participation in Greene County operated park programs in which I or my child/ward may participate. I have read and understand the above conditions for participation in Greene County Parks programs and activities.

MEDICAL TREATMENT CONSENT:

I also consent to emergency medical treatment for me or my child/ward if necessary. I agree to waive and relinquish all claims of medical treatment against the Greene County Park District and the Board of Greene County Commissioners.

PHOTO CONSENT:

By participating in a Greene County Parks program or event, I agree to allow publication of any photo/media taken, in future program publications or local newspapers.

I recognize that my fax signature will be deemed the same as an original. I have read and fully understand the program waiver and the emergency medical treatment consent. This waiver form is completed and signed of my own free will.

Signature of registrant (parent or guardian if under age 18): _____ Date: _____

Please make checks or money orders payable and mail with completed form to:

Greene County Parks, 651 Dayton-Xenia Rd., Xenia, OH 45385

Office Hours: Monday-Friday, 7:30 a.m. - 4:30 p.m.

www.co.greene.oh.us/parks ● 937-562-7440 ● 937-562-7441 (fax)

Your completed waiver and payment is due at the time of registration.

For Office Use Only: Receipt # _____ Cash ___ Check/MO # _____ Confirmation Sent: _____