## **BOATING PROGRAMS**

## OHIO BOATING EDUCATION COURSE

If you were born on or after January 1, 1982 Ohio law requires that you complete an approved boating safety education course to operate any powered watercraft greater than 10 horsepower. This 8-hour class designed by ODNR Division of Watercraft covers the fundamentals of safe boating.

Reg. Deadline: 9/13& 10/11.

18 yrs. and under free. 18 yrs.+ \$25 \$ 8:90 A-5:00 P 9/21 or 10/19

All Classes are scheduled from 9 am - 5 pm



NATURAL RESOU

## Mayfieldvillage.com/recreation

To register for more information call 440.461.5163

Registration Information: Cash, Check (payable to Mayfield Village), MC/Visa/Disc. Online: mayfieldvillage.com/recreation Phone: 440.461.5163 Fax: 440.461.2231 Mail/In Person: Mayfield Village Parks & Recreation 6622 Wilson Mills Rd. Mayfield Village, OH 44143

Ohio Boating Education Course and registration Form-2019. Please print clearly. Participant's Name\_\_\_\_\_\_ D.O.B.\_\_\_\_\_ Gender: M F Home Phone Alt #\_\_\_\_\_ Address (street) (city) (zip) Shirt Size: YΜ YL AS AM AL Parent(s) Email Address(es) Code Credit Card # Exp. Date (Mastercard/visa/discover)

I (parent/guardian/caregiver) herby release and hold harmless Mayfield Village including but not limited to the Parks and Recreation Department, Mayfield City School District/Bd. Of Education, and all employees, agents, and representatives from any and all claims, cost, damages, and liabilities for any injuries sustained by myself (parent/guardian/caregiver) or my minor child's or adult's participation in any program offered by Mayfield Village Recreation Department, Mayfield City and School District/Bd. Of Education . I (parent/guardian/caregiver) understand that any fees charged for a program do not include accident, or personal property insurance. I further represent that I (parent/guardian/caregiver) and my child/adult are physically capable of participating in the program in which I (parent/ guardian/caregiver) or my child /adult are enrolled, based upon consultation with my or my child's/adult's personal physician.