

Carrollton Parks, Recreation and Cultural Arts Department

Registration Form

(REC 25)

Waiver: I, the undersigned, assume all risks and hazards incidental to participation, including transportation to and from these activities and do hereby, for myself, my child, my heirs, executors and administrator, waive, release, absolve, indemnify and agree to hold harmless the City of Carrollton, Carrollton Parks, Recreation and Cultural Arts Department and its representatives, sponsors, affiliated association, organizers, officers, officials and participants for any and all damages suffered by myself or my child in connection with this activity. Also, I agree that I will abide by all the rules and policies outlined in the National Rules and set by the Carrollton Parks, Recreation and Cultural Arts Department.

Participant Name _____ **Age** _____ **Male** ___ **Female** ___
(Please check one)

Date of Birth _____ **Shirt Size:** YS YM YL AS AM AL AXL
(Please circle one – Not Provided For All Activities)

Parent(s)/Guardian(s) Names _____

Address _____ **City** _____ **State** ____ **Zip** _____

Mother's Work Phone _____ **Mother's Home Phone** _____

Father's Work Phone _____ **Father's Home Phone** _____

Mother's E-Mail _____ **Father's E-Mail** _____

Emergency Contact _____ **Phone** _____

Signature (Participant/Parent/Guardian) _____

| CODE | COURSE NAME | DAY | DATE(S) | TIME | FEE |
|--------------|-------------|-----|---------|------|-----|
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| TOTAL | | | | | |

FIVE WAYS TO REGISTER (1) On Line Web at www.cprcad.org; (2) On Line Phone 770-836-3301; (3) Fax 770-834-3652; please use Visa, MC or Check Debit Card. If registration form is not on file, one must be faxed at time of phone call/fax; (4) Mail, send to CPRCAD, P. O. Box 532, Carrollton, GA 30112; (5) Visit the Administrative Office at 118 South White Street, Carrollton between the hours of 8:30am-5pm, Monday-Friday.

Please note below any medical conditions that might affect participation. _____

The Carrollton Parks, Recreation, and Cultural Arts Department does not discriminate on the basis of handicapped status or access to, or treatment or employment in its programs or activities.

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| Is your child playing in a league or team outside our Department? Yes ____ No ____ |
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| Is handicap access needed? Yes No |
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Carrollton Parks, Recreation and Cultural Arts Department Refund Policy

(1) Participants enrolled in any class or activity that is cancelled 48 hours before start of class, will receive a refund less the \$10 non-refundable registration fee. (2) All customer cancellations for camps must be done one full week prior to start of camp to receive a refund, any cancellation after that will NOT be refunded. (3) Please allow a minimum of 3 weeks for refund processing.