

**Pre-registration is required for all classes**

Registration is on a first come, first served basis. There is a minimum and maximum number of participants for each activity.

**Payments**

Payment must be made at time of registration.

**Cancellations**

If enrollment is insufficient, the activity will be canceled and all money refunded.

**Refunds**

Participants may cancel within 48 hours (2 workdays) before the start of class and receive a refund less a \$10 withdrawal fee.

**Discrimination**

The Carrollton Parks, Recreation, and Cultural Arts Department does not discriminate on the basis of race, color, sex, national origin, or disability in any of its programs, activities, or employment.

**Inclement Weather**

For program updates, rainouts or cancellations call our Hot Line at 770-832-0027 after 4:00 PM.

**Policies**

CPRCAD is not responsible for any injury incurred while participating in any of its activities. Enrollment age for each class is noted in the description of a class. Participants are not permitted to bring children to a class.

**Five Ways to Register**

**First Get PINned**

**Current participants** may call (770) 832-1161 or drop by 118 S. White Street to get their personal access codes. **New clients** must complete the Registration Form below and return it to our main office at 118 S. White Street by fax 770-834-3652, mail or in person. Forms are available at the main office, sent upon request by calling (770) 832-1161 or can be downloaded at [www.cprcad.org](http://www.cprcad.org).

**Internet** Visit our web site at [www.cprcad.org](http://www.cprcad.org), view classes, then register and pay with your credit card 24 hours a day. You will be able to view account balances, current registrations and past transactions.

**On Line Phone** Use your touch-tone phone and call 770-836-3301 to register and pay for classes 24 hours a day using your credit card.

**Walk-In** Visit our offices at 118 S. White Street Monday-Friday, 8:30 a.m. to 5 p.m. Business Phone (770) 832-1161 Payment may be made by personal check, money order, VISA/MasterCard.

**Mail-In** Complete the registration form below and mail to PO Box 532, Carrollton, GA 30112. Include your payment of a personal check, money order, VISA/MasterCard. Please make checks payable to C.P.R.C.A.D.

**Fax-In** Fill out the registration form below and fax to (770) 834-3652. Payment may be made by VISA or MasterCard and

**Carrollton Parks, Recreation & Cultural Arts Department Registration Form**

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** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_

**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** \_\_\_\_\_

**Medical conditions that might affect participation** \_\_\_\_\_

**Signature** (Participant/Parent/Guardian) \_\_\_\_\_

COURSE CODE	CLASS NAME	CLASS DATES	CLASS TIMES	FEE

Payment Method (circle one) Cash Check Visa Mastercard

Name on Card \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_