

# Program Registration Form:

## Participants Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M or F  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Primary Phone# \_\_\_\_\_

Additional Participants :

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M or F  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M or F  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M or F

County Resident  Non-resident

## Parent/Guardian/Adult Participant Information

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Primary Phone# \_\_\_\_\_ Cellphone# \_\_\_\_\_ Cellphone Carrier \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**\*Special Needs:** The Henderson-Vance Recreation and Parks Department will attempt to provide reasonable accommodations for program participants when the need for accommodation is requested well in advance. To insure a medically safe and appropriately planned program, please list any special need or precaution which may require program accommodations for participating (i.e., visual or hearing impairment, mental or physical disability, heart condition, history of seizures, asthma, ADD, etc)

Session	Date Paid	Staff Signature

### Parent/Guardian and Adult Participant Agreements:

I acknowledge every effort will be made to contact parents/guardians or Emergency Contact person in the case of medical emergency. If parents/guardians or Emergency Contact person cannot be reached, I authorize the Henderson-Vance recreation staff to seek appropriate medical (physician, dentist, nurse, etc.) care for the above named participant, and agree to be responsible for any costs associated with said care. I understand that only those medications which are medically necessary and cannot be scheduled outside the hours of the Recreation Program will be given during the program. I give permission for my child to be transported in vehicles provided by the Recreation Department. I grant permission to allow my child's photo, video recording, and/or other items to be used in the discretion of the Henderson-Vance Recreation and Parks Department for promoting programs operated or sponsored by the department. I, the parent/guardian or Emergency Contact person of the above named individual, do hereby give my approval for his/her participation in any and all activities of the Recreation Department. I assume all the risks and hazards incidental to the conduct of these activities, transportation to and from the activities; and I do further hereby release, absolve, indemnify and hold harmless the Department, its agents, officials, sponsors and employees any or all of them from all liability arising from the same. In case of injury to myself, my child/dependent, I hereby waive all claims against the Department, its agents, officials, sponsors and employees any or all of them. Falsifying information pertaining to birth date or legal address will constitute ineligibility to participate in Recreation Department programs.

**Refund Policy:** Fees are 100% refundable when the class is cancelled by the department. 50% of registration fee will be refunded if patron cancels 7 calendar days or more in advance of the first day of the program. 100% credit/transfer allowed if patron requests 7 calendar days or more in advance of program. No refund/transfer/credit will be issued if patron cancels less than 7 days in advance of the first day of the program. Once a participant has been placed on a team no refunds will be given. Athletic insurance fees are non-refundable. In case of inclement weather, use of outdoor facilities will be rescheduled pending space availability. Refunds/Transfers/Credits must be requested in writing. Certain restrictions apply.

**Non-Discrimination Policy:** The Henderson-Vance Recreation Department does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with the Director of the Henderson-Vance Recreation and Parks Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC. 20240.

### Payment Section

I agree that:

1. Full payment is due at time of registration.
2. Incomplete or missing forms will result in registration being returned and not processed

The following information is required for registration. Please check that all of the following information is included.

\_\_\_\_\_ Receipt # \_\_\_\_\_ Registration Form \_\_\_\_\_

Parent/Guardian/Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

