

Paulding County Parks and Recreation Registration Form - Please fill out completely.

Part 1 - Payer's Information

Last Name: _____ First Name: _____
 Home Phone: _____ Emergency Phone: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Is this a new address? yes no Day Contact/E-Mail: _____

Part 2 - Program Registration

Activity Name	Class Code	Fee	Participants Name	Sex	Date of Birth
Example: Date with Dad	11-6601				
1.					
2.					
3.					
4.					
5.					

Total Payment Included \$ _____
 In accordance with the American with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program?
 yes no If yes, please describe: _____

Part 3 - Payment Options (Complete by PCPRD Staff ONLY)

Cash \$ _____
 Check \$ _____ Check # _____

Part 4 - Please review and sign.

Out of County Residents: Out of county residents will be assessed an additional fee of \$16.00. Proof of residency remains with the participant. Out of county residents participating in youth athletic activities will not be eligible for GRPA post season competition.
Refund Policy: **Athletics**: There will be a \$6 service fee on all refunds. Refunds, minus a \$6 service fee, will be issued according to the refund policy of the Paulding County Recreation Department. Refund could be pro-rated, 75% or 50%, depending on time refund is requested. **Programs**: There will be a \$6 service fee on all refunds. Refunds must be requested before the first class.
NO REFUNDS AFTER PROGRAM BEGINS.
Transportation: I am aware that participation in some programs requires transportation to and/or from various places. I hereby give permission for the above minor to be transported by department staff, without further notice, as necessitated by program design.
Consent To Treatment: I authorize such physician or medical staff as the Paulding County Parks and Recreation Department may designate to carry out minor medical or surgical treatment and/or medication necessary, or to take my child/ward to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well being of my child/ward. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted if at all possible, by telephone, for permission. The physicians, organizers, directors, agents or employees of the Paulding County Parks and Recreation Department are hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness, damage to person or property during the event or program, including transportation to or from the event and/or to any program, and in that regard, I hereby covenant that on my behalf and for the minor not to file a claim or bring suit with respect to any such injury or damage. I, the undersigned, am a parent (or a guardian) of the above-specified minor. I have read and fully understand the provisions of the above releases and have explained them to said minor. I hereby agree that said minor and I will be bound thereby.
INSURANCE: PAULDING COUNTY DOES NOT MAINTAIN A HEALTH INSURANCE POLICY FOR PARTICIPANTS ENROLLED WITH THE PAULDING COUNTY PARKS AND RECREATION DEPARTMENT THAT COVERS ACCIDENTS AND/OR INJURIES WHICH MAY RESULT FROM ACTIVITY DURING ORGANIZED GAMES, PRACTICES AND PROGRAMS. PLEASE LIST BELOW THE NAME OF YOUR HEALTH INSURANCE CARRIER AND THE NAME OF THE PRIMARY HOLDER (THE PARENT UNDER WHOM THE POLICY IS PURCHASED):

Name of Insurance Company: _____ Policy No: _____

BOYS AND GIRLS WILL BE ASSIGNED TEAMS WITHOUT CONSIDERATION FOR TRANSPORTATION ARRANGEMENTS.
NOTE: Photographs of children and/or teams may appear in local newspapers in conjunction with our Programs.
PARTICIPATION: I hereby give permission for the above minor to participate in the Paulding County Parks and Recreation Athletics or Program events and have read and understand the refund policy.

SIGNATURE: (Parent /Guardian) _____ (DATE) _____

