



Account and Program Registration Form

Main Contact

Remember you can also register online with at RecLink.raleighnc.gov!

Raleigh Resident **Non-resident** Add \$15 to course. Non-resident fees do not apply to Specialized Recreation Programs or courses less than \$15.

Last Name _____ First Name _____ DOB ____ / ____ / ____ Male Female

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ *Email _____

Emergency Contact _____ Phone _____

Pictures or video may be taken of participant for use in program publicity. Please check, if you **do not** approve

Registration Receipt: (for mail-in) I would like my receipt (please check one) **emailed (valid email address required)** **printed/mailed**

* By providing my email address I agree to receive email communication from Raleigh Parks, Recreation and Cultural Resources.

The City of Raleigh Parks, Recreation and Cultural Resources Department welcomes the participation of all individuals, including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our programs. **To ensure that reasonable accommodations are in place, program registration or accommodation request should be received at least two weeks prior to the start date of the program.** For more information please contact Inclusion Services 919-996-2145.

Participant #1 Information

Participant #1 Name _____ DOB ____ / ____ / ____ Male Female

Parent/Guardian Last Name If participant is under 18 _____ Parent's First Name _____

We are fully committed to complying with the American's with Disabilities Act (ADA). See above paragraph.

Please list any disability or accommodation request: _____

<u>Course Barcode</u>	<u>Program Name</u>	<u>Location</u>	<u>Date</u>	<u>Time</u>	<u>Fee</u>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

Participant #2 Information

Participant #2 Name _____ DOB ____ / ____ / ____ Male Female

Parent/Guardian Last Name If participant is under 18 _____ Parent's First Name _____

We are fully committed to complying with the American's with Disabilities Act (ADA). See above paragraph.

Please list any disability or accommodation request: _____

<u>Course Barcode</u>	<u>Program Name</u>	<u>Location</u>	<u>Date</u>	<u>Time</u>	<u>Fee</u>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

Account Information

Create a New Account Update my Account Please send me My Family PIN and Client Barcode

Registration Information

Payment is required at the time of registration. Please use this form for registration, and mail to the facility where the program is held.

Non-City of Raleigh Resident Fee (\$15/course) \$ _____

I would like to make a donation to support a child's participation in Raleigh Parks, Recreation and Cultural Resources Programs (specify amount) \$ _____

I would like to make a donation to support tree planting in Raleigh through the Neighborwoods Program (specify amount) \$ _____

TOTAL AMOUNT DUE \$ _____



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Payment Information

Check # _____ (checks payable to City of Raleigh) **Money Order**

Credit Card: **Visa** **Mastercard** **American Express** Expiration Date _____ amount \$ _____

Print name as it appears on card _____ Billing Address _____

Card # _____ Signature _____ Date _____

Refund Policy

All refund requests received in writing 14 days or more in advance of the start date of the program/rental/team placement are entitled to:

- 100% refund/credit/transfer if the department cancels program or facility rental, 100% credit or transfer of fees to another program at time of withdrawal or, 85% refund based on total cost of program, 85% credit/transfer/refund of eligible rental fees
- Refund/credit/transfer requests received less than 14 days prior to the start date of a program/rental/team placement will not be granted
- Refunds for medical reasons requested prior to the start date of a program/rental/team placement will be granted at 100%, subject to verification
- Outdoor facility usage cancelled due to inclement weather may be rescheduled pending space availability
- A credit may be used by any family member on the same registration account
- Non-attendance/non-participation in a program does not entitle a patron to a refund.

Refund requests may be mailed to: **Raleigh Parks, Recreation and Cultural Resources Department**

Attn: Recreation Business Office, Pullen Arts Center, 105 Pullen Road, Raleigh NC 27607

Non-Discrimination Policy

The City of Raleigh 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 either the Director of the Raleigh Parks, Recreation and Cultural Resources Department or the Office of Equal Opportunity, U.S. Department of the Interior, Washington, D.C. 20240.

City of Raleigh Release and Indemnity Agreement

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

Registration Date Mail-in, Walk-in, and RecLink Registration begins Tuesday, July 29, 2014

By signing below, I acknowledge that I have read, understand, and agree to the City of Raleigh policies listed on this form. Signature is required to complete the registration process.

Participant Signature _____ **Date** _____

Signature of parent/legal guardian if child is under 18 _____ **Date** _____