

# Raleigh Parks and Recreation Department - Account and Program Registration Form

Raleigh Resident  Non Resident (\*\*Add \$12 to class and youth athletic fees. Non-Resident fees do not apply to Specialized Recreation Programs)

Participant Last Name		Participant's Birthdate	
Parent's Last Name		Parent's First Name	
Mailing Address		City	State
Phone		Zip	
Business Phone		Email Address	
Emergency Contact Name		Emergency Contact Phone Number	



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

**Registration Account Information:**  Create a New Account  Update my Account  Add me to the Mailing list  Remove me from the Mailing list  Please send me my Family PIN and Client Barcode

**Program Registration Information - PAYMENT is required at the time of registration.** Please make copies for multiple participants or locations. Please use this form for registration, and mail to the facility where the class is held.

Last Name	First Name	Birth Date	Age	Sex	Course Barcode	Program Name	Start Date	Day	Time	Facility	Fee
											\$
											\$
											\$
											\$
											\$

\*Non-City of Raleigh Residence Fee (\$12 per class)

I would like to make a donation to support a child's participation in Raleigh Parks and Recreation Program (specify amount) \$

Form of Payment (please check)  Check #  Money Order  Credit Card (Complete Credit Card Information block below) **Total** \$

The Raleigh Parks and Recreation 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 program participation. To help us plan and provide for possible accommodations, please register at least 2 weeks prior to the program start date. Please describe the participant's condition, disability or special need here (optional):

**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.

**Non-Discrimination Policy** The City of Raleigh Parks and 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 either the Director of the Raleigh Parks and Recreation 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. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with and actions of other participants, 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, and death 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. 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.

Participant Signature	Date	Signature of parent/legal guardian if child is under 18
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**Registration Date:** Mail-In, Walk-In, and Reelink registration begins **December 6, 2011**

### Credit Card Information - must be complete for all credit transactions

	<input type="radio"/> VISA	<input type="radio"/> Mastercard	<input type="radio"/> American Express
Exp. Date	Amount \$		
Name (print as appears on card)			
Billing Address for card			
Card #			
Signature			Date