



## Account and Program Registration Form

### Main Contact

Remember you can also register online with RecLink at parks.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 919.996.2147

### Participant #1 Information

Participant #1 Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female

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

I want Parks, Recreation and Cultural Resources to know about these medical conditions for the participant: \_\_\_\_\_

I want Parks, Recreation and Cultural Resources to know about these disabilities for the participant: \_\_\_\_\_

I request ADA accommodation for the disability/medical condition listed.  Yes  No

<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 \_\_\_\_\_

I want Parks, Recreation and Cultural Resources to know about these medical conditions for the participant: \_\_\_\_\_

I want Parks, Recreation and Cultural Resources to know about these disabilities for the participant: \_\_\_\_\_

I request ADA accommodation for the disability/medical condition listed.  Yes  No

<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 Neighborhoods Program (specify amount) \$ \_\_\_\_\_

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_



## Payment Information

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

**Credit Card** payments may be made at a staffed facility or through the online registration system **ReLink**. Visit parks.raleighnc.gov and select "Register on ReLink". If you would like to complete your registration online, but prefer not to pay online with a credit card, you may add a credit to your account prior to online registration by making a payment at a community center or the Recreation Business Office.

## Refund Policy

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

Refund requests may be sent to: **Raleigh Parks, Recreation and Cultural Resources Department** Rbo.registration@raleighnc.gov

## Non-Discrimination Policy

The policy of the City of Raleigh is, and shall be, to oppose any discrimination based on actual or perceived age, mental or physical disability, sex, religion, race, color, sexual orientation, gender identity or expression, familial or marital status, economic status, veteran status or national origin in any aspect of modern life. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with either the Director of Raleigh Parks, Recreation and Cultural Resources Department or the Office of Equal Opportunity, U.S. Department of the Interior, Washington, D.C. 20240.

## Release, Indemnity, and Agreement Not To Sue

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 ReLink Registration begins Tuesday, March 21, 2017

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