



Athens-Clarke County Leisure Services Athletics Registration Form

Mail form to: Athens-Clarke County Leisure Services/705 Sunset Dr./Athens, GA 30606

Parent/Guardian Last Name	First Name	Work #	Cell #
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Parent/Guardian Last Name	First Name	Work #	Cell #
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Home Address	Home #
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City	State Georgia	Zip	Email Address
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Area: (Check One)	Resident <input type="checkbox"/>	Non-Resident <input type="checkbox"/>	
Participant Last Name	First Name	Date of Birth	Sex: M/F

T-shirt Size (Circle One if applicable)	YS (6-8)	YM (10-12)	YL (14-16)	AS	AM	AL	AXL	AXXL
Emergency Contact	Relationship						Contact #	

How did you hear about the program/event? (Check all that apply) Brochure Word of Mouth

Website Flyer Twitter Facebook Other (please specify)

Polices and Disclaimers

All registrations will be accepted on a space available basis and must be **paid in full** at the time of registration to reserve a place in an activity. I, the undersigned, hereby understand that insurance that would cover the participant in the event of injury in any activity sponsored by Athens-Clarke County Leisure Services is my responsibility. I agree to indemnify, protect and hold harmless A-CC, its officials, employees, agents and servants from any and all claims, demands, actions, suits, damages, loss and expenses of whatever kind or nature to any person or to any property arising out of or in conjunction with this activity. I give my permission for the person in charge of this activity to transport the participant to the doctor or hospital in the event of injury. I understand that A-CC Leisure Services reserves the right to move a participant up or down in an age group, class level or where they feel is in the participant's best interest. **Refund policy is located on the reverse side of registration form.**

Photography Consent - I give permission for the participant to be photographed during Athens-Clarke County Leisure Services activity. Photos may be used for promotional purposes and/or media releases _____ (please initial)

Please list any medical conditions that may impact the participant's ability to participate in class/program

Parent/Guardian/Participant Signature _____ Date _____

Barcode	Class/Program Name	Day(s)	Time	Fee
	First Choice			
	Second Choice			
	Youth Sports			
Total				
SCHOOL NAME _____				
WOULD YOU LIKE TO COACH/ASSIST COACH? YES NO (CIRCLE ONE)				

Payment Type (Make checks payable to Athens-Clarke County)

Cash _____ Check # _____ Money Order # _____ Credit/Debit Card _____

Type of Credit/Debit Card Visa _____ Master Card _____ Card # _____ Exp. Date ____/____

Name as it appears on card _____

Signature of Card Holder _____ Date _____

ATHENS-CLARKE COUNTY LEISURE SERVICES DEPARTMENT

REFUND POLICY

- 1. If Leisure Services is responsible for the cancellation of a program or class, then a full refund will be issued to all registered participants.**
- 2. No refunds will be granted after the start of the program session or class. Fees collected of less than \$5.00 will not be refunded (unless the Department cancels the program or class).**
- 3. All refunds must include a completed Refund Request Form and be received no less than seven (7) business days prior to the first day of the class or program.**
- 4. Refunds will be assessed an administration fee of 25% of the amount paid. This fee applies to all programs with a fee of \$5.00 or more.**
- 5. After the seven (7) business day deadline, refunds may not be granted without a written medical excuse from a licensed physician.**
- 6. Requests must be received from (and refunds will be issued to) the individual who registered the participant.**
- 7. Where applicable, programs in high demand may require a non-refundable deposit in lieu of the administrative refund fee of 25% of the amount.**
- 8. In unusual situations (patron is relocating, has an illness or becomes physically unable to continue program, etc.) where a refund is requested for services that have been paid in advance (such as annual passes), the balance of the remaining value may be refunded after receipt of a written request.**
- 9. Behavior related dismissals may not be eligible for refund.**
- 10. All requests for refunds will be forwarded to the Department Director for final approval.**