



SANDY SPRINGS
RECREATION AND PARKS

**RECREATION AND PARKS DEPARTMENT
PROGRAM/ACTIVITY REGISTRATION**

Registration is processed on a first come, first served basis. There is a minimum and a maximum number of participants for each activity.

Payments must be made at the time of registration. Exact cash, check or credit card are accepted.

Cancellation may occur if enrollment is insufficient. All participants will be notified and a full refund will be issued.

Refunds will be made to participants **only** when scheduled programs are canceled or a change has been made by the Department of Recreation and Parks prohibiting customer attendance without penalty. Other refunds will be granted minus \$10 administrative fees from the program cost.

How to Register Online:

1. Visit <http://registration.sandyspringsga.gov> and log in or create an account **Enter parent information first, then add child.
2. Click the Tab pertaining to Program you want to register for.
3. Select the activity that you would like to enroll in. Clicking the main activity name will show you a detailed activity description including pricing and availability.
4. Click the "Add to My Cart" button if you wish to register for the activity. If the activity is full, you will be given the option to be placed on a waiting list.
5. Confirm your activity name, date and time, enrollee and price.
6. Click "Continue" to proceed with payment. Receipt will be emailed

Registration Form

Participant's Name:		Sex: <input type="checkbox"/> F <input type="checkbox"/> M	DOB:	Age:
School (if youth)			Grade:	
Parent/Guardian:		DOB:	<input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	
Street Address:		City:	State:	Zip:
Home Telephone:	Work/Bus. No.:	Emergency No.:		
Email (restricted to Sandy Springs business only):		How did you hear of us:		
Emergency Contact Name:		Relationship:	Tel. No.:	
Physical and/or Other Limitations:				
Season and Program Name		Program Day	Program Times	Fee

I do wish to participate in the Standard Life and Casualty Insurance program offered through the City of Sandy Springs Recreation & Parks Department (only \$10 for a year).

Waiver of Insurance – I do not wish to participate in the Standard Life and Casualty Insurance program offered through the City of Sandy Springs Recreation & Parks Department.

Total Due: _____

WAIVER OF LIABILITY

I understand that all athletic and recreational programs/activities involve some risk of accident or injury. I agree to indemnify the City of Sandy Springs and to hold the City of Sandy Springs and Contractor, and their affiliates harmless from any liability, claims, demands and judgments arising at any time when I and/or my minor child participate in any program activity. Therefore, my choice to participate in any program, activity or facility, and the use of its equipment, **is at my own risk**. I understand that the City of Sandy Springs do not provide insurance for participants, nor does it assume responsibility for accidents or injuries. However, the City of Sandy Springs may require the purchase of additional insurance per participant for certain recreational programs/activities. I further authorize and allow the City of Sandy Springs and their affiliates to transport my child/participant in a city insured van/bus if the program/activity calls for transportation.

I authorize the City of Sandy Springs personnel associated with its programs/activities and events to act in my behalf, to authorize medical treatment to, upon, or the benefit of myself and/or my minor child, for any minor injury which may occur from our participation in any of the City of Sandy Springs Recreation and Parks programs and associated activities/events. I recognize that such **treatment shall be my full responsibility**. In the event of a more serious injury that may require emergency treatment, I authorize such personnel to see that myself and/or my minor child is transported to and treated at the nearest medical facility, with **the related expense being my full responsibility**.

I also hereby grant permission to the City of Sandy Springs Parks and Recreation Department to use for any official purpose any photographs, videotapes, recordings or any other records of program activities depicting myself or my minor child.

Note: I have carefully read, understand and agree to the City of Sandy Springs' policies as stated above.

Participants (if 18/over) or Parent/Guardian Signature _____

Date _____

FOR OFFICE USE ONLY: Cash Check Credit Card

Registrar Initials: _____ Data Entry Initials: _____