



Alpharetta Recreation and Parks

1825 Old Milton Parkway
Alpharetta, GA 30009

Activity Registration and Release Form

OFFICE USE ONLY
Receipt #
City of Alpharetta Resident?
YES NO

PLEASE PRINT OR TYPE

Jan. 24 -

Activity Name AHS Team practice Session: Apr. 25 Activity Number:

Activity Name (gymnastics) Session: Activity Number:

Participant Name: Male: Female: Birthdate (youth):

Address: City: Zip: Phone:

Parent/Guardian Name: Bus Phone: Cell Phone

Parent/Guardian Name: Bus Phone: Cell Phone:

Primary Email Address:

Emergency Contacts and/or Authorized pick-up (for youth participants - must have 2 other contacts besides Parent/Guardian):

Name Phone 1: Phone 2:

Name Phone 1: Phone 2:

List any allergies/medical conditions/limitations: (attach additional pages if necessary)

MasterCard/Visa Card/AmEx # Exp. Date / /

Shirt/Jersey size (circle one) YS YM YL AS AM AL AXL (not applicable for all activities)
Short/Pant size (circle one) YS YM YL AS AM AL AXL (not applicable for all activities)

Pick ONE night that the PARTICIPANT CANNOT practice and the practice location preference, although this is not guaranteed:
Circle one: MON TUES WED THURS FRI Practice Location:

For youth athletic leagues: I would like to be a head coach: I would like to be an assistant coach:

Does the participant need any special accommodation to enhance his/her enjoyment of the program? YES NO If yes, please email us at recreation@alpharetta.ga.us at least two weeks prior to the start date to let us know what special accommodations are needed.

I/We, the above Participant(s) and/or spouse and/or parents/guardians of the above Participant(s), do hereby consent to my/our/his/her participation in the above Activity including all programs incidental to the Activity. I/We assume all responsibilities for, and risk and hazards of, participation in the Activity, including transportation to and from all programs in the Activity. In consideration of being allowed to participate in the Activity, I/We hereby release and forever discharge the City of Alpharetta, the City of Alpharetta Recreation and Parks Department, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my/our/his/her participation in the Activity and all programs incidental to the Activity. I/We understand the refund policies as listed in the current department leisure guide. I hereby give the City of Alpharetta ("City") permission to take photographs of me or photographs in which I may be involved with others without compensation to me. These photographs may be used by the City for promotional and information purposes in print, on the City website and in other media.

I received my parent handbook, and understand that all rules are contained in it. (Not applicable for all activities)

Signature: Date: (Participant over the age of 18/Parent/Guardian)

General Registration Policies:

- 1. Please review the current edition of the department's leisure guide for a complete list of general registration policies.
2. ARPD refund policies are listed in the current edition of the department's leisure guide. To request a refund, call ARPD staff at 678-297-6100 (leave voice message if no answer).
3. Please review the receipt notes for specific information regarding this activity including dates, location, material/supply fee (if applicable), rainout hotline, etc.
4. Participants in youth baseball leagues are prohibited from registering for competing programs during the same season at city facilitated or city-run programs/facilities (i.e. Webb Bridge Baseball and Wills Park Youth Baseball Association).

WILLS PARK REC CTR
678-297-6130
Fax 678-297-6131
ALPHARETTA COMMUNITY CTR
678-297-6100
Fax 678-297-6151
CRABAPPLE GOV'T CTR
678-297-6160
Fax 678-297-6161
ADULT ACTIVITY CENTER
678-297-6140
Fax 678-297-6141