

Doling Family Center Registration Form

- Registration forms received without payment will be returned to you.
- Scholarships may be available on a limited basis through the Springfield-Greene County Park Board. Visit ParkBoard.org or call 864-1049 for more information.
- If you are not able to complete the registration form, please contact us at **417-837-5900**.


Mail registration form and check or credit card payment information to:

**Doling Family Center
301 E. Talmage
Springfield, MO 65803**

Some registration periods differ for some programs. Please check the specific information for programs that interest you, and be sure to submit prior to the stated registration deadline.

Cancellation Policy:

- If you must cancel, please notify us in writing at least 3 business days before the activity start date. Choose from these options: a.) transfer to another activity, or b.) receive a refund less a \$10 processing fee.
- Refunds may take up to 30 days
- There will be a \$20 fee for all returned checks.

Participant's Name:	Parent/Guardian Name: <i>(If under 18 years of age)</i>	Home Phone:
Participant Date of Birth:		Cell Phone:
Address:	City:	State: Zip:
		Email:
Name of Activity:	Location:	Session/Date/Day/Time:
1. _____		1. _____
2. _____		2. _____
3. _____		3. _____
Program Fee:		
1. _____		
2. _____		
3. _____		
My family and I hereby waive and release the Springfield-Greene County Park Board and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator of the Springfield-Greene County Park Board activities.	Total Fees Enclosed: \$ _____ Charge to my: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Disc	
	Card Number: _____	
	Expiration Date: _____ 3-Digit Verification Code: _____	
	Signature: _____	
I give permission for me and/or my child to be photographed while participating in Springfield-Greene County Park Board programs and activities, and to use photographs of me and/or my child for Park Board promotional purposes.		
Signature of participant or parent if participant is under 18: _____		
	If you have a disability, do you require accommodations to participate in these activities? _____ If yes, please notify us at least one week prior to the start of the program. Please describe the accommodation needed: _____	