

REGISTRATION INFORMATION



- Complete the registration form below
- Make checks payable to **SPARC**
 - * Include Driver's License Number
- Return registration form (*with appropriate fee*) to:
 - * SPARC Before & After Program
 - or
 - * SPARC Office:
 - ⇒ Fax: 417-831-1769
 - ⇒ Office: 300 E. Harrison, Springfield, MO 65806
 - * \$20 Fee will be applied to all insufficient payments

Refund, Cancellation, Transfer Policy:

1. Program fees offset the cost to plan and schedule programs, as well as result in successful programs. SPARC is unable to accept responsibility for personal circumstances (e.g. illness, schedule changes, etc.)
2. Refund, Cancellation & Transfer requests must be submitted in-writing to the SPARC Office five (5) business days before the class begins.
3. The request must state one of the following options: **a) transfer to another class;** or **b) cancel and request a refund (minus a \$10.00 processing fee).**
4. If approved, refunds take 2 - 3 weeks.
**You will be notified if your class is cancelled due to insufficient registration and a full refund will be issued.*



DETACH FORM BELOW & RETURN:

Participant Information:	
Child's Name: _____ Birth Date: _____ Age: _____ Gender: <u>M / F</u> School Site : _____	Child's Name: _____ Birth Date: _____ Age: _____ Gender: <u>M / F</u> School Site : _____
Parent/Guardian Contact (s):	
Name: _____ Home Phone _____ Cell Phone _____	Additional Pick-up Authorizations:
Name: _____ Home Phone _____ Cell Phone _____	1. _____
	2. _____
	3. _____
	*Must have photo identification
Home Address:	
Email:	
Choose Day (s) to attend:	
<input type="checkbox"/> Wednesday, July 31 Swimming 1p-3p	<input type="checkbox"/> Thursday, August 1 Incredible Pizza 11a-1p
<input type="checkbox"/> Friday, August 2 Swimming 1p-3p	Emergency Contact: Name _____ Phone _____ - _____ - _____
VISA ___ Master C ___ Disc ___ Am Exp ___	Expiration Date: ___ - ___ <small>Month Year</small>
Card Number: _____ - _____ - _____	TOTAL FEES ENCLOSED:
X _____ <i>Signature, exactly as it appears on the card</i>	\$ _____
Does participant have a disability that would require accommodations to participate in any of these activities? YES _____ NO _____ If YES , please register one week prior to program start date. Please describe accommodation _____ _____	
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 Springfield-Greene County Park Board activities. I give my permission for me and/or my child to be photographed while participating in Park Board activities, and to use any photographs of me and or/my child for Park Board promotional purposes. Springfield-Greene County Park Board may receive grades, MAP Scores, attendance & assessment information to report to the Department of Elementary & Secondary Education for grant reporting purposes.	Permission to Walk Home? YES _____ NO _____
X _____ <i>Signature of participant or parent/guardian if participant is under 18 years of age</i>	
FOR OFFICE USE ONLY: Date: _____ Received By: _____ Receipt Number: _____	
School: _____ Fee Paid _____ CC _____ Cash _____ Check Number: _____ Entered in Active _____	