

REGISTRATION INFORMATION



- Complete the registration form below
- Make checks payable to **SPARC**
 - * Include Driver's License Number
- Return registration form (*with appropriate fee*) to:
 - * Child's Teacher or School Office
 - ⇒ In an envelope marked: **SPARC Program**
 - * SPARC Office:
 - ⇒ Fax: 417-719-7984
 - ⇒ 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. All refund, Late-Cancellations and Late-Transfer requests will be charged a \$10 processing fee.
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: _____ Grade: _____ DOB: _____ Gender: <u>M / F</u> Student ID #: _____ School : _____	
Child's Name: _____ Grade: _____ DOB: _____ Gender: <u>M / F</u> Student ID #: _____ School : _____	
Parent/Guardian Contact (s):	Pick-up Authorization:
Name: _____ DOB: _____ Home Phone _____ Cell Phone _____	1. _____
Name: _____ DOB: _____ Home Phone _____ Cell Phone _____	2. _____
Home Address: _____ Email Address: _____	3. _____
Program & Payment Info:	*Must have photo identification
Name of club/program: _____ Date: _____	Emergency Contact:
Card Number: _____ - _____ - _____ - _____ Expiration Date: _____ - _____	Name _____
<input checked="" type="checkbox"/> _____ Signature, exactly as it appears on the card	Phone _____ - _____ - _____
<input type="checkbox"/> _____ Print Name, exactly as it appears on the card	TOTAL FEES ENCLOSED:
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 disability _____	
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.	Permission to Walk Home?
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.	YES _____ NO _____
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.	
<input checked="" type="checkbox"/> _____ Signature of participant or parent/guardian if participant is under 18 years of age	
FOR OFFICE USE ONLY:	
Date: _____ Received By: _____	Receipt Number: _____
School: _____ Fee Paid _____ CC _____ Cash _____	Entered in Active _____
Check Number: _____	