

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: 417-831-1769
 - ⇒ 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. 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> School : _____	
Child's Name: _____ Grade: _____ DOB: _____ Gender: <u>M / F</u> School : _____	
Parent/Guardian Contact (s):	
Name: _____ DOB: _____ Home Phone _____ Cell Phone _____	
Name: _____ DOB: _____ Home Phone _____ Cell Phone _____	
Home Address: _____ Email Address: _____	Pick-up Authorization:
	1. _____ 2. _____ 3. _____ *Must have photo identification
Program & Payment Info:	
Name of club/program: _____	Date: _____
VISA ___ Master Card ___ Discover ___ American Express ___	Expiration Date: _____ - _____ <small>Month Year</small>
Card Number: _____ - _____ - _____ - _____	TOTAL FEES ENCLOSED:
X _____ <i>Signature, exactly as it appears on the card</i>	\$ _____
_____ <i>Print Name, 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 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. 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?
X _____ <i>Signature of participant or parent/guardian if participant is under 18 years of age</i>	YES _____ NO _____
FOR OFFICE USE ONLY:	
Date: _____ Received By: _____ Receipt Number: _____	
School: _____ Fee Paid _____ CC _____ Cash _____ Check Number: _____ Entered in Active _____	