

# Registration Form

- Make checks payable to the Springfield–Greene County Park Board. Include Driver’s License number and place of employment.
- Registration forms received without payment will be returned to you.
- Scholarships may be available. For information, call 417-864-1049 or visit [ParkBoard.org/Scholarships](http://ParkBoard.org/Scholarships).
- If you are not able to complete the registration form, please contact our office for assistance.

### Mail registration form and check to:

Springfield-Greene County Park Board  
Program Registration  
1923 N. Weller • Springfield, MO 65803

Indicate the program you are registering for on the outside of your envelope. Some registration periods differ for a few programs. Please check the specific information for programs that interest you.

### Cancellation Policy:

- If you must cancel, please write/fax letter at least five (5) business days before the activity/rental start. Choose from these options: a) transfer to another activity/rental, or b) receive your money back (less a \$10 processing fee.)
- Refunds take 2-3 weeks.
- There will be a \$20 fee for all returned checks.

Participant’s Name: Date of Birth: School (if attending):	Parent/Guardian Name:	Home Phone: Work Phone: E-mail:
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Home Address:	City & Zip:
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Business Name & Address:	City & Zip:
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Name of Activity	Location	Session/Dates/Day/Time	Fee
1. _____	_____	1. _____	1. _____
2. _____	_____	2. _____	2. _____
3. _____	_____	3. _____	3. _____

<p>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 spec-tator of the Springfield-Greene County Park Board activities.</p> <p>_____</p> <p><i>Signature of participant or parent if participant is under 18</i></p>	<p>Total Fees Enclosed: \$_____ Charge to my: ___ Visa ___ Mastercard</p> <p>Card Number: _____</p> <p>Expiration Date: _____ 3 Digit V Code: _____</p> <p>_____</p> <p><i>Signature, exactly as it appears on the card</i></p>
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<p>Return this form along with payment, to the above address. <b>Make checks payable to the Springfield-Greene County Park Board. Include Driver’s License number and place of employment.</b></p>	<p><b>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.</b></p> <p>_____</p> <p><i>Signature of participant or parent if participant is under 18</i></p>
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If you have a disability, do you require accommodations to participate in any of these activities? \_\_\_\_\_

**If yes, please notify us at least one week prior to start of program.** Please describe accommodation needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_