



# SANDY SPRINGS

## RECREATION AND PARKS RECREATION AND PARKS DEPARTMENT PROGRAM/ACTIVITY REGISTRATION

**Registration** is processed on a first come, first served basis. There is a minimum and a maximum number of participants for each activity.

**Payments** must be made at the time of registration.

**Cancellation** may occur if enrollment is insufficient. All participants will be notified and a full refund will be issued.

**Refunds** will be made to participants **only** when scheduled programs are canceled or a change has been made by the Department of Recreation and Parks prohibiting customer attendance without penalty. Other refunds will be granted minus \$10 administrative fees from the program cost.

**Checks/Money Orders are made out to City of Sandy Springs.**

### How to Register Online:

1. Visit [registration.sandyspringsga.gov](http://registration.sandyspringsga.gov) and create an account by clicking "Sign In" and complete the "Create New Account" form. \*\*Enter parent information first, then add child. Complete the online form and click "Create Profile" button.
2. Click the "View Activities" button on the registration home page.
3. Select the activity that you would like to enroll in. Clicking the main activity name will show you a detailed activity description including pricing and availability.
4. Click the "Add to My Cart" button if you wish to register for the activity. If the activity is full, you will be given the option to be placed on a waiting list.
5. Confirm your activity name, date and time, enrollee and price.
6. Click "Continue" to proceed with payment. Receipt will be emailed

### Registration Form

Participant's Name:		Sex: ___ F ___ M	DOB:	Age:
School (if youth)			Grade:	
Parent/Guardian:		DOB:	( ) RESIDENT ( ) NON-RESIDENT	
Street Address:		City:	State:	Zip:
Home Telephone:	Work/Bus. No.:	Cell No.:		
Email (restricted to Sandy Springs business only):			How did you hear of us:	
Emergency Contact Name:		Relationship:	Tel. No.:	
Physical and/or Other Limitations:				
Program Name	Program Day	Program Times	Fee	

I do wish to participate in the Standard Life and Casualty Insurance program offered through the City of Sandy Springs Recreation & Parks Department at \$10 (see policy/form).

**Waiver of Insurance** – I do not wish to participate in the Standard Life and Casualty Insurance program offered through the City of Sandy Springs Recreation & Parks Department.

**Total Due:** \_\_\_\_\_

#### WAIVER OF LIABILITY

I understand that all athletic and recreational programs/activities involve some risk of accident or injury. I agree to indemnify the City of Sandy Springs and Jacobs Engineering and their affiliates and to hold the City of Sandy Springs and Contractor, and their affiliates harmless from any liability, claims, demands and judgments arising at any time when I and/or my minor child participate in any program activity. Therefore, my choice to participate in any program, activity or facility, and the use of its equipment, **is at my own risk**. I understand that the City of Sandy Springs nor Jacobs Engineering do not provide insurance for participants, nor does it assume responsibility for accidents or injuries. However, the City of Sandy Springs may require the purchase of additional insurance per participant for certain recreational programs/activities. I further authorize and allow the City of Sandy Springs and Jacobs Engineering and their affiliates to transport my child/participant in a city insured van/bus if the program/activity calls for transportation.

I authorize the City of Sandy Springs personnel associated with its programs/activities and events to act in my behalf, to authorize medical treatment to, upon, or the benefit of myself and/or my minor child, for any minor injury which may occur from our participation in any of the City of Sandy Springs Recreation and Parks programs and associated activities/events. I recognize that such **treatment shall be my full responsibility**. In the event of a more serious injury that may require emergency treatment, I authorize such personnel to see that myself and/or my minor child is transported to and treated at the nearest medical facility, with **the related expense being my full responsibility**.

I also hereby grant permission to the City of Sandy Springs Parks and Recreation Department to use for any official purpose any photographs, videotapes, recordings or any other records of program activities depicting myself or my minor child.

**Note:** I have carefully read, understand and agree to the City of Sandy Springs' policies as stated above.

Participants (if 18/over) or Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_