



Alpharetta Recreation and Parks

1825 Old Milton Parkway
Alpharetta, GA 30009

Activity Registration Form

OFFICE USE ONLY	
Receipt #	_____
City of Alpharetta Resident?	YES _____ NO _____
City of Milton Resident?	YES _____ NO _____

PLEASE PRINT OR TYPE

Activity Name/Number _____

Activity Session/Day/Time/Age Group _____

Participant Name: _____ Male: _____ Female: _____ Birthdate (youth): _____

Address: _____ City: _____ Zip: _____ Primary Phone: _____

Parent/Guardian Name: _____ Primary Phone: _____ Secondary Phone: _____

Parent/Guardian Name: _____ Primary Phone: _____ Secondary Phone: _____

Primary Email Address: _____

Emergency Contact and/or Authorized pick-up (for youth participants):

Name _____ Primary Phone: _____ Secondary Phone: _____

List participant allergies/medical conditions/limitations: _____

For Youth Athletic Leagues Only:	Shirt/Jersey size (circle one)	YXS	YS	YM	YL	AS	AM	AL	AXL
	Short/Pant size (circle one)	YXS	YS	YM	YL	AS	AM	AL	AXL

I would like to be a head coach: _____ I would like to be an assistant coach: _____

Pick ONE night that the PARTICIPANT CANNOT practice, although this is not guaranteed:

Circle one: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Does the participant need any special accommodation to enhance his/her enjoyment of the program? YES NO

If yes, please email us at recreation@alpharetta.ga.us at least two weeks prior to the program start date to let us know what special accommodations are needed.

If paying by credit card: MasterCard/Visa Card/AmEx # _____ Exp. Date ____/____/____
SECURITY CODE (3 digit or 4 digit) _____

LIABILITY WAIVER & RELEASE:

I/We, the above Participant(s) and/or spouse and/or parents/guardians of the above Participant(s), do hereby consent to my/our/his/her participation in the above Activity including all programs incidental to the Activity. I/We assume all responsibilities for, and risk and hazards of, participation in the Activity, including transportation to and from all programs in the Activity. In consideration of being allowed to participate in the Activity, I/We hereby release and forever discharge the City of Alpharetta, the City of Alpharetta Recreation and Parks Department, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my/our/his/her participation in the Activity and all programs incidental to the Activity. I/We understand the refund policies as listed in the current department leisure guide. I hereby give the City of Alpharetta ("City") permission to take photographs of me or photographs in which I may be involved with others without compensation to me. These photographs may be used by the City for promotional and information purposes in print, on the City website and in other media. If paying by credit card: I understand that my credit card billing address must match the billing address on record with my financial institution for my payment to be authorized, and that any payments that do not receive authorization can result in temporary charges being placed on my credit card.

I agree to pay the total amount in accordance with the card issuer agreement.

Reminders:

1. ARPD Registration and Refund Policies and Concussion Awareness Policy and Procedures are available at www.alpharetta.ga.us/recreation.
2. To request a refund, call 678-297-6100 (leave voice message if no answer) or email recreation@alpharetta.ga.us.
3. Program-specific information, including rainout hotline if applicable, is noted on your payment receipt.
4. ARPD employees, volunteers, and contracted instructors are required by law to report any suspicion of child abuse to the proper authorities.
5. Participants must adhere to the Participant "Code of Conduct" as posted in ARPD facilities.

I have read and understand the information contained in this Activity Registration Form.

Signature: _____ **Date:** _____

(Participant over the age of 18 or Parent/Guardian of a Minor Participant)

WILLS PARK REC CTR 678-297-6130 Fax 678-297-6131
ALPHARETTA COMMUNITY CTR 678-297-6100 Fax 678-297-6151
CRABAPPLE GOV'T CTR 678-297-6160 Fax 678-297-6161
ADULT ACTIVITY CENTER 678-297-6140 Fax 678-297-6141



**Alpharetta Recreation and Parks Department
Concussion Awareness Policy and Procedures**

Approved by Alpharetta Recreation Commission – November 14, 2013

PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT
OF
CONCUSSION AWARENESS POLICY AND PROCEDURE

I, _____, parent/legal guardian of, _____, understand that the intent of the City of Alpharetta Recreation and Parks Department’s (“Department”) Concussion Awareness Policy and Procedures is to reduce the potentially serious health risk associated with sports- and activity-induced concussions and head injuries through education of coaches, referees, employees, instructors of at-risk activities, trainers, parents, and participants of the signs, symptoms and behaviors consistent with sports- and activity-induced concussions. I understand that the Department cannot prevent concussions, and/or injuries to the head and/or body, from occurring during the course of recreation sporting events, practices, and competitions.

I further understand that the Department requires that any participant, under the age of 18, suspected of a concussion or head injury must be removed from the activity and it is recommended that the participant be examined by a licensed health care provider. If a participant is deemed by a licensed health care provider to have sustained a concussion, Department personnel or other designated personnel (volunteers, contractors, trainers, and/or parent/legal guardian) shall not permit the participant to return to play until he or she receives documented clearance from a licensed health care provider for a full or graduated return to play.

I further understand and acknowledge that the Department’s adoption of the Concussion Awareness Policy and Procedures shall not create any liability for, or create a cause of action against the City of Alpharetta, the Department, or their officers, employees, volunteers or other designated individuals for any act of omission to act related to the removal or non-removal of a participant from a Department activity.

The Georgia Department of Public Health is referring everyone to the “Heads Up – Concussion in Youth Sports” program offered by the CDC. The following is a link to the program: http://www.cdc.gov/concussion/HeadsUp/online_training.html. Additional information is available at <http://www.cdc.gov/ConcussioninYouthSports/> and www.nfhslearn.com.

Parent/Legal Guardian (PRINT)

Parent/Legal Guardian (SIGNATURE)

Date