



Alpharetta Recreation, Parks & Cultural Services Department

ACTIVITY YEAR: 2020

175 Roswell Street, Alpharetta, GA 30009

Activity Registration Form

PLEASE PRINT OR TYPE

/INCLUDING ALL 2020 ACTIVITIES

Activity Name:
Participant Name: Male: Female: Birthdate (youth):
Address: City: Zip: Primary Phone:
Parent/Guardian Name: Phone: Email:
Parent/Guardian Name: Phone: Email:

Emergency Contact and/or Authorized pick-up (for youth participants):
Name Primary Phone: Secondary Phone:
List participant allergies/medical conditions/limitations:

Does the participant need any special accommodation to enhance his/her enjoyment of the program? YES NO
The City of Alpharetta Recreation, Parks & Cultural Services is committed to making all of our programs, facilities and services accessible to everyone. If you feel that you or your child may require accommodations in order to participate, please let us know at the time of registration or contact us at recreation@alpharetta.ga.us . We will work with you in order to make safe and respectful accommodations.

If paying by credit card: # Exp. Mon/Yr / SEC. CODE

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, Parks & Cultural Services 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 and online at www.alpharetta.ga.us/recreation/resources . 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.

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/onlineintraining.html . Additional information is available at http://www.cdc.gov/ConcussioninYouthSports and www.nfhslearn.com.

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

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

Registration form may be emailed to accprograms@alpharetta.ga.us or faxed to 678-297-6151. For more information on Code of Conduct, Registration and Refund policies visit www.alpharetta.ga.us/recreation/resources. Call 678-297-6100 for questions or assistance.

Have you had your FUN today?

See back for Communicable Disease Assumption of Risk Waiver and Liability/Indemnification Agreement:
Signature Required

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in City of Alpharetta Recreation, Parks and Cultural Services programs, events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of contracting said illnesses does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest City of Alpharetta staff member or contracted instructor immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Alpharetta, their officers, officials, agents, and/or employees, other participants, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE: _____

DATE: _____