



# Alpharetta Recreation and Parks

1825 Old Milton Parkway  
Alpharetta, GA 30009

## Activity Registration Form

**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: \_\_\_\_\_

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

*If yes, email [recreation@alpharetta.ga.us](mailto:recreation@alpharetta.ga.us) at least two weeks prior to the program start date with detailed information.*

### **For Youth Athletic Leagues Only:**

Shirt/Jersey size (check one): YXS \_\_\_\_\_ YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

Short/Pant size (check 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:

Check one: MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_ THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_

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

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

### **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 or program during the above-referenced session and any subsequent session for which an additional registration fee is paid, including all programs incidental thereto (the "Activity"). I/We understand and acknowledge that there are risks and hazards associated with participation in the Activity and that the Participant should not participate in the Activity unless medically able. I fully understand and acknowledge that it is my/our responsibility to ascertain any and all elements of risk associated with participation in the Activity that could be harmful to me/us/him/her as a Participant. I/We hereby assume all responsibilities for, and risk and hazards of, participation in the Activity, including, but not limited to, transportation to and from all programs in the Activity, falls, contact with other participants or equipment, effects of weather, equipment failure, and condition of facility or playing area. I hereby give the City of Alpharetta ("City") permission to take photographs of me/us/him/her without compensation to me, which may be used by the City for promotional and/or informational purposes in print, on the City website and/or in other media. I/We have read and understand the refund policies as listed in the current department leisure guide and any and all other City policies and/or rules applicable to the Activity, including those referenced below. Having read and fully understanding this waiver, and 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, representatives, and agents, from any and all claims, liabilities, 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.

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

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

### **POLICIES/REMINDERS:**

1. Park patrons and program participants must adhere to ARPD's Code of Conduct.
2. Code of Conduct, ARPD Registration and Refund Policies, and Concussion Awareness Policy and Procedures are available at [www.alpharetta.ga.us/recreation](http://www.alpharetta.ga.us/recreation).
3. To request a refund, call 678-297-6100 or email: [recreation@alpharetta.ga.us](mailto:recreation@alpharetta.ga.us).
4. Program-specific information, including rainout hotline if applicable, is noted on your payment receipt.
5. ARPD employees, contracted instructors and volunteers are required by law to report any suspicion of child abuse to the proper authorities (See, O.C.G.A. § 19-7-5).

### **OFFICE USE ONLY**

Receipt # \_\_\_\_\_

City of Alpharetta Resident? YES \_\_\_\_\_ NO \_\_\_\_\_

City of Milton Resident? YES \_\_\_\_\_ NO \_\_\_\_\_

### **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



## 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](http://www.cdc.gov/concussion/HeadsUp/online_training.html). Additional information is available at <http://www.cdc.gov/ConcussioninYouthSports/> and [www.nfhslearn.com](http://www.nfhslearn.com).

\_\_\_\_\_  
Parent/Legal Guardian (PRINT)

\_\_\_\_\_  
Parent/Legal Guardian (SIGNATURE)

\_\_\_\_\_  
Date