

PROGRAM REGISTRATION FORM



Participants Name (one form per person): _____ Gender: M F

Parents Names (if under 18): _____

Address: _____ Town/City: _____

Postal Code: _____ Home #: _____ Cell #: _____

Age: _____ Birthdate: _____

E-Mail: _____ Hospitalization #: _____

**E-mail will only be used for class updates and information on the classes.

I wish to enroll in the following programs:

Program Title: _____ Day/Time: _____ Program Fee: \$ _____

Program Title: _____ Day/Time: _____ Program Fee: \$ _____

Program Title: _____ Day/Time: _____ Program Fee: \$ _____

Registrations will be accepted on a first come first served basis and will not be confirmed until payment is received. Payments can be made by cash, check (payable to the City of Martinsville), or debit. All payments are to be received at the MAP at 200 Mike Sands Blvd. We are open 7 days a week.

OVER

REFUND POLICY

All classes are subject to minimum and maximum enrollment. If minimum enrollment is not met the class will be cancelled and a full refund will be issued.

- A refund request that is received ten (10) days prior to the start of a course will receive a 100% refund. No reason shall be required.
- A refund request received within 10 days of the course starting or once the course has commenced, and no more than 20% of the course is complete will receive a 50% refund.
- After 20% of any course has been completed no refund shall be issued.
- 100% refund will be issued if the program is cancelled by the Recreation & Community Services Department.
- A pro-rated refund will be issued under the following circumstances;
 - Medical reasons, a medical certificate will be required.
 - Program class cancellations, where classes cannot be made up.

Method of Payment (for office use only)

- | | | |
|---|-----------------|-----------------------|
| <input type="checkbox"/> Cash | Amount \$ _____ | Staff Initials: _____ |
| <input type="checkbox"/> Check Ch # _____ | Amount \$ _____ | Receipt #: _____ |
| <input type="checkbox"/> Debit | Amount \$ _____ | Date Received: _____ |
| <input type="checkbox"/> Credit Card | Amount \$ _____ | |



Liability Waiver & Release

I, _____ will not hold the City of Martensville liable for any accidents, injuries, harm, or damage to the persons or property that occur at the City's facilities during the program period caused by negligence, intentional acts, or default.

I will not hold the City of Martensville liable for any items lost or stolen.

Photography Consent

I, _____ consent to be photographed during the City of Martensville programs or events for advertising purposes. The photos of me can be posted on the City of Martensville website, Facebook page and other promotional materials.

Date: _____ Signature: _____