

# TRS FALL 2009 REGISTRATION FORM

Please return to:

Cobb County Parks, Recreation & Cultural Affairs (CCPRCAD), TRS Unit / 555 Nickajack Road / Mableton, GA 30126

Participant Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Participant Address \_\_\_\_\_ City \_\_\_\_\_, GA Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ E-MAIL \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ E-MAIL \_\_\_\_\_  
Parent Home Address \_\_\_\_\_  
Parent/Guardian Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mom Cell Phone \_\_\_\_\_ Dad Call Phone \_\_\_\_\_  
Alternate Emergency Contact Name & # \_\_\_\_\_  
Group Home Case Mgr Name & # \_\_\_\_\_  
Management Company Name/Address \_\_\_\_\_  
Do you pay city property taxes? \_\_\_ yes \_\_\_ no      Are you a Cobb County resident? \_\_\_ yes \_\_\_ no

**Registration begins August 19, 2009. Mail registration form with payment to our office at the above address, walk-in registration taken 10:00 AM – 2:00 PM in our office, or register on line at: [www.prca.cobbcountyga.gov](http://www.prca.cobbcountyga.gov)**

## Please check the programs for which you are registering:

Social Club (see below for #).....\$35 _____	Six Flags Fright Night.....#25613...\$48 _____
Afternoon Bowling..... #26522...\$30 _____	Six Flags with Season Pass.....#25614...\$15 _____
Line Dance Class.....#26523...\$20 _____	Costume Party & Dance.....#25615...\$10 _____
Tennis Class.....#26524...\$20 _____	Thanksgiving Dinner.....#25616...\$20 _____
Arts & Crafts .....#25625...\$20 _____	Movie Night/Austell.....#25617...\$15 _____
Moovin' & Groovin'.....#25626...\$20 _____	Movie Night/Kennesaw.....#25618...\$15 _____
Yoga Class.....#25642...\$20 _____	Holiday Movie Classics.....#25619...\$10 _____
	Holiday Dance Celebration.....#25621...\$10 _____

**Member of \_\_\_\_\_ Social Club (assignment to club by staff required prior to registration)**  
Explorers 21 - #25604    Explorers 31 - #25605    Red/Green Dreamers- #25606    Yellow Dreamers - #25607  
Drifters - #25609    Travelers - #25610    Voyagers - #25611  
Optional Insurance (Once Yearly).....\$6 \_\_\_\_\_  
Non-Resident Fee of \$25.....\$25 \_\_\_\_\_  
Total Fee Paid This Quarter..... \$ \_\_\_\_\_

## REGISTRATION POLICIES & PROCEDURES

**Payment Policy:** Full payment of program fees must be included with the registration form. No partial payments will be accepted. **We now accept MasterCard & Visa.** Please **do not** write your credit card number on the registration form to mail in. Credit card payments must be done in person or over the phone. Make checks and money orders payable to CCPRCAD and include driver's license number.

**THERE WILL BE A \$25 FEE ON ANY CHECKS RETURNED UNPAID BY YOUR BANK.**

**Non-Resident Policy:** A mandatory \$25 non-resident fee will be charged to all out-of-county residents participating in this Cobb County program.

**Refund Policy:** NO REFUNDS will be issued if TRS has incurred costs due to purchase of tickets, rentals, supplies, refreshments, deposits, etc.

Refund requests must be made in writing a minimum of 5 business days before the program/event. Social clubs and all TRS special events or classes must be PAID IN FULL. No Exceptions. Refunds will be processed at the end of the quarter.

**Incident Weather:** If a program is cancelled by the department due to inclement weather, the program will be made up at a later date or refunds issued.

**\*We must have an updated medical form in our office at all times. They are good for two years unless there have been changes in the participant's medical condition.**

Does participant require wheelchair accessibility? \_\_\_\_\_ Yes \_\_\_\_\_ No

### FOR STAFF USE ONLY

Total Amt. Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ MC/VISA Authorization Code # \_\_\_\_\_  
Name on Receipt \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_