

Program/Class Registration

Register Now!

1. In person:

Pay with cash, check, Mastercard or Visa
Flower Mound Community Activity Center
 1200 Gerault Road
 Flower Mound, Texas 75028



2. By mail:

Pay with check
Flower Mound Parks and Recreation
 2121 Cross Timbers Road
 Flower Mound, Texas 75028



Questions? Email us at parks@flower-mound.com or call 972.874.PARK (7275).

Register Early

Don't let a great class get cancelled! Each class must reach a minimum number of participants prior to the start date of the class. This is a courtesy to our instructors and the other participants enrolled. So don't wait! Register today. Payment is due at the time of registration.

Refund Policy

Full refunds, credits or transfers to another class will be granted when requested at least five business days prior to the start date of the class. Refunds requested less than five business days prior to the start of a class or after the class has begun will not be granted. Failure to attend a registered class, program or activity will be considered a forfeiture of materials supplied and all fees paid.

The Parks and Recreation Division reserves the right to cancel, combine or divide classes, to change times, dates or class locations, to change the instructor assignments, and to make other revisions in these offerings to best provide service. In the event the Parks and Recreation Division cancels any class, program or activity, a full refund or credit will be issued.

Registration Form

Parent/Primary Contact: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-mail: _____

Participant's Name	Birthdate	Class Title	Days	Fee
				\$
				\$
				\$
				\$
TOTAL FEES				\$

We accept cash, check, Mastercard, or Visa.

Release of Liability

I agree to pay in full the amount specified on my receipt from the department. I also understand that past due payments can be collected through a third party agency.

In consideration for being permitted by the above department to participate voluntarily in the above activity, I hereby waive, agree to release, and discharge any and all claims for damages for personal injury, death, or property damage, which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Town, including its officers, employees, agents, co-sponsors or volunteers, from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of ordinary negligence or carelessness on the part of the persons or entities mentioned above now and forever. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the Town, including its officers, employees, agents, co-sponsors or volunteers, free and harmless from any loss, liability, cost, or expense which they may incur as the result of my death or any injury to myself or property damage that I may sustain while participating in said activity now and forever. I understand that no medical insurance is provided. I hereby additionally consent to my children, as listed on the front, participating in departmentally sponsored events with the same terms as stated above, outlining my own participation, now and forever.

I HAVE CAREFULLY READ THIS AGREEMENT / WAIVER AND SUBMIT THAT I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE ABOVE DEPARTMENT AND MYSELF. I HEREBY FURTHER SWEAR AND AFFIRM THAT I HAVE SIGNED THIS WAIVER AND RELEASE OF MY OWN FREE WILL.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

SIGNATURE: _____ DATE: _____