

Program Registration



Registration Options:

1. Online: www.flower-mound.com/adventures.
2. In Person: Town of Flower Mound Community Activity Center, 1200 Gerault Road, Flower Mound, TX 75028.
3. By Mail: Flower Mound Community Activity Center, 1200 Gerault Road, Flower Mound, TX 75028.



Visa and Mastercard accepted. Please make checks payable to The Town of Flower Mound.

Parent/Primary Contact: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____

E-mail: _____

Participant's Name	Birth date	Class Title	Code	Days/Time	Fee
					\$
					\$
					\$
TOTAL FEES					

Initial _____ **CLASS/PROGRAM REFUND POLICY**
 Each class must reach a minimum number of participants five business days prior to the start date of the class. This is a courtesy to our instructors and other participants enrolled. Payment is due at the time of registration. 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.

Initial _____ **PERMISSIONS**
Photo and Video Permission: Photos and video footage are periodically taken of participants and spectators in class, during a special event, in an athletic program, and at the Community Activity Center. I hereby understand and agree that these photos and video footage are for the sole use of the Town of Flower Mound, and may be used in any Town of Flower Mound publications, on Flower Mound Television, or on an official Town of Flower Mound Web site. I further understand and agree that all photos are the property of the Town of Flower Mound and will not be distributed to private entities. For more information, please contact us at 972.874.6300 or cac@flower-mound.com.

Initial _____ **Payment Terms:** 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.

Initial _____ **RELEASE OF LIABILITY & HOLD HARMLESS**
 In consideration of the use and availability of the services and facilities, by me and the above listed children and wards if any, 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, while enrolled in any class or program sponsored or organized by the CAC or the Town. This release is intended to discharge in advance the Town, including its officers, employees, agents, co-sponsors or volunteers, from any and all liability, 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 participation in programs at the CAC involve 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 any activity now and forever.

Initial _____ Further, in case of accident, injury or sudden illness, I authorize any first-aid or emergency medical care which may become necessary for my child, ward or myself while enrolled in any activity or program administered by the Town. Also, I authorize that my child, ward, or I may be transported to a local medical facility. If I cannot be reached in an emergency, I hereby grant permission for my child or ward named above to receive all appropriate medical treatment necessary. By executing this document, I hereby assume, on behalf of my child or ward, all risk of injury or loss to which he or she may be exposed.

Initial _____ We Last of all, agree to and have read information regarding rules and regulations as outlined in the Member Handbook of the Community Activity Center that include Center Guidelines, Rules, and Policies.

This Agreement / Waiver is valid for a twelve (12) month period and is renewable automatically for additional twelve (12) month periods unless written termination revocation of this waiver, is received with at least thirty (30) days notice, is received by the Town. Revocation of this Agreement / Waiver shall result in termination of membership of all members listed herein, in accordance with all applicable membership policies prior to the commencement of any new twelve (12) month period.

I HAVE CAREFULLY READ THIS AGREEMENT / WAIVER AND SUBMIT THAT I FULLY UNDERSTAND AND AGREE TO 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.

Signature Required of all family members 18 years of age and older. Parent/Legal Guardian must sign on behalf of minor children.

Signature: _____ Date: _____

Print Name: _____

