



TOWN OF APEX

# Apex Community Center Registration Form

**Mailing Address: Apex Community Center: PO Box 250, Apex, NC 27502**

Participant's Last Name: \_\_\_\_\_ Participant's First Name: \_\_\_\_\_ Participant's DOB \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work# \_\_\_\_\_ Father's Name: \_\_\_\_\_ Work # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell# \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name (Other Than Parent): \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

Special Concerns: \_\_\_\_\_

Registration Account Information:  Create a new account  Update my account

<u>Participant(s)</u>	<u>DOB</u>	<u>Course Code</u>	<u>Fee</u>

### Statement of Waiver

I, for myself or as a parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify the Town of Apex, employees of the Town, volunteers, contractors and/or sponsors from all risk and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by the Town of Apex Parks, Recreation and Cultural Resources Department. I further give permission for proper emergency care to be rendered to myself or child should I not be available or able to give such permission. As part of this approval, I acknowledge I may have the opportunity to review the premises, equipment and personnel qualifications to be used in conducting the activity. I also have the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activities and take responsibility for doing so. Failure to exercise this option indicates my approval and acceptance. I understand the Town of Apex does not provide transportation to or from activities scheduled by the Apex Parks, Recreation and Cultural Resources Department. Photo Policy: The APRCR reserves the right to photograph program participants for publicity purposes.

Signature (Parent's signature if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**  
 Receipt# \_\_\_\_\_ Staff Initials: \_\_\_\_\_

## Refund Policy

A full refund of registration and participation fees and charges will be made for all programs, activities, and events cancelled or adjusted by APRCR. For all other situations where refunds may be requested, the following guidelines shall apply. The Director of APRCR shall have the authority to make decisions on all requests not specifically covered herein. Community Center Instructional Classes / Athletic Programs: 1. If a participant requests a refund, in writing, 10 calendar days or more in advance of the first meeting of a class or athletic program tryouts, a full refund, minus a \$5.00 processing fee will be issued. 2. If a participant requests a refund, in writing, less than 10 calendar days prior to the first meeting of a class or athletic program tryouts, a 75% refund will be issued if the participant can be replaced from the waiting list. 3. A student wishing to transfer from one class date to another, within the same registration period, must do so in writing at least 10 calendar days or more in advance of the first meeting of a class or athletic program. 4. For Community Center classes or athletic programs, no refund will be issued on the day of or after the first class meeting. 5. No refunds will be given for a class that costs \$6.00 or less.

## Senior Trips Refund Policy

1. Full refund for trips cancelled or adjusted by APRCR. 2. If a refund is requested prior to the registration deadline, a full refund minus a \$5 processing fee will be issued, IF the participant can be replaced from the waiting list. If a refund is requested after the registration deadline and 48 hours prior to departure, a 75% refund will be issued IF participant can be replaced from the waiting list. 3. If 48 hours prior to departure a written excuse from a licensed medical doctor is provided indicating that the participant should not participate due to medical concerns, a partial refund will be issued after deducting any prepaid expenses incurred by the Town and a \$5 processing fee. 4. Because non-refundable deposits and admission fees may be required in advance, they cannot be refunded after the registration deadline

## Waiting List Policy:

Waiting lists are typically created after all participants/coaches are verified and programs deemed full. Apex residents have priority over non-residents on the Waiting List. In the event no Apex residents are on the waiting list at the time a spot is available, it will be filled from non-residents, based on the order they were received. Participants will not be added from the waiting lists as follows: 1. On or after the first meeting day of an instructional class. 2. Once regular season athletic programs have begun, unless it will result in a forfeit situation.

## Exceptions

For Community Center classes and Athletic Programs, a full refund of all fees paid, less a \$5.00 processing fee, will be made if: 1. Prior to the class meeting, a written excuse, from a licensed medical doctor, is provided indicating that the participant should not participate due to medical concerns or physical limitations. 2. Prior to the first Athletic program tryouts, a written verification is provided that the participant has been included in either a Middle School, High School, or College program that prohibits participation in recreational programs.

### Discipline Policy for Camps:

- Quiet reprimand/verbal warning
- After repeated behavior problems, a first written incident report will be given to parent
- Additional behavior problems will constitute a second written incident report given to parent and a 1-2 day suspension from the program
- If problems persist, a third written incident report constitutes that the participant will be asked to leave the program and no refunds will be given
- For sever offenses where a camper is physically or verbally abusive to other camp participant or camp staff, camper will be subject to immediate expulsion

### Parent/Guardian Agreements for Summer Camp:

1. I acknowledge that every effort will be made to contact parents/guardians in the case of a medical emergency. If I cannot be reached, I authorize APRCR camp staff to seek appropriate medical care.
2. I understand that APRCR camp staff may not administer any medications or sunscreen.
3. I understand that APRCR does not provide snacks, lunches or drinks during camps. Water is provided. Please provide water bottles marked with child's name.
4. I understand that APRCR is not responsible for lost or stolen items that my child should not bring personal belongings such as toys, jewelry or money to camp.
5. My child will be dressed appropriately for camp and will wear athletic shoes or sneakers.
6. I will drop off and pick up at the designated items listed for each camp. I understand that I will be required to show a picture ID as will anyone I authorize to pick up my child.