Adult Registration Record

Name of Registrant: Resident: Yes No

Birthdate: Male: Female:

Registrant Address:

City/ State/ Zip Code:

Telephone Numbers: Home Cell

Emergency Contact: Cell

Program/ Class: Adult Women’s Basketball

Instructor/Leader: Stacy Green, Jada Jordan and Carlos Jordan

Location/Facility: Decatur Recreation Center

Start Date: Stop Date: Day/ Time June 5th-July 31st; Tuesdays 6:00-9:00pm

Email Address:

\***Refund Policy**: I understand the deposits and/or fees for the above identified program, class or event are non-refundable and non-transferable. No fees will be refunded unless the program is cancelled. I hereby request that if the program is canceled that the registration fee be refunded and mailed to me at the residence listed above.

\***Conduct Policy**: I understand that as a participant in the above identified program, class or event, I will be expected to adhere to a code of conduct requiring respect for rules, staff, volunteers, other persons, and property. I agree to remove myself from the program at the request of the Decatur Recreation and Community Services Department for any failure to follow this code of conduct.

\***Waiver of Claim**: In consideration of the City of Decatur, Georgia, permitting the undersigned to enter and participate in the above identified program, class, or event sponsored by the city, I hereby waive all claims for damage and loss to person or property which may be caused by any act or failure to act, of the City of Decatur, Georgia, it’s officers agents, volunteers or employees, and assume all risk of possible injury and damage which may result on account of such participation.

\***Photo Release**: Release is given for promotional use of photos or videos taken while participating in functions conducted by the Decatur Recreation &Community Services Department.

Registrant Signature: Date:

Staff I.D. Date: Amount: Receipt: Check/Cash