



ACRC On-Line Registration Form

This form must and fee must be received prior to "cut off" date in order to be registered in program.

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____ - _____

Email: _____

USD 470 Resident: yes no male female

Age: _____ Date of Birth: ____/____/____

Grade: _____ Years Season s Played: _____

Health Concerns: _____

Program / Activity _____

Shirt Size: Youth / Adult S M L XL

Volunteer Coach Yes Assist: Yes

Amount Paid: _____

Date: _____

Cash Check

Credit Card: _____

Exp Date: _____ CSV: _____

Notes:

Parent Guardian Signature:

_____ Date: _____

Pre-registration is required to all ACRC programs that include a registration fee. To pre-register please stop by the ACRC Office at 225 East 5th Ave. Office hours are Monday thru Friday 8:00 am to 5:00 pm. Pre-registration information is required to ensure safe and quality recreation programs and activities. For registration information call the Rec Office at 441.4300.

It is hereby acknowledged that the above signed and the registered participant will abide by the rules and regulations of ACRC and above specified associations of program sponsor. In case of injury, death or circumstance and in consideration of acceptance into the program the above signed the registered participant, and their respective heirs, administrator, executors, or assigns, hereby release, absolve, indemnify and hold harmless the ACRC, it's subsidiary organizations and their officers, agent, employees, volunteers, and/or other participants.

In order to meet the demand for service provided to non-residents of the Ark City USD 470 school district, which is the tax base of support for the ACRC, out of district residents will be assessed a fee of one and half time the regular registration fee.

Request for refunds must be made in person and a \$5 handling fee will be deducted. Refunds will not be issued after practice/program has begun.