



Alpharetta Recreation, Parks & Cultural Services Department

175 Roswell Street, Alpharetta, GA 30009

ACTIVITY YEAR: 2025

Activity Registration Form

PLEASE PRINT OR TYPE

Activity Name: _____

Participant Name: _____ Male: Female Birthdate: _____

Address: _____ City: _____ Zip: _____ Primary Phone: _____

Parent/Guardian Name: _____ Phone: _____ Email: _____

Parent/Guardian Name: _____ Phone: _____ Email: _____

Emergency Contact and/or Authorized pick-up (for youth participants):

Name _____ Primary Phone: _____ Secondary Phone: _____

List participant allergies/medical conditions/limitations: _____

Does the participant need any special accommodation to enhance his/her enjoyment of the program? YES NO

The City of Alpharetta Recreation, Parks & Cultural Services is committed to making all of our programs, facilities and services accessible to everyone. If you feel that you or your child may require accommodations in order to participate, please let us know at the time of registration or contact us at recreation@alpharetta.ga.us. We will work with you in order to make safe and respectful accommodations.

If paying by credit card: # _____ Exp. Mon/Yr _____ / _____ SEC. CODE _____

Waiver of Liability and Hold Harmless Agreement ("Agreement")

Please read this Agreement carefully before signing below. This is a legally binding agreement between the undersigned participant or Parent/Guardian on behalf of the minor participant (hereinafter collectively referred to as "Participant") and the City of Alpharetta ("City"). This Activity Registration Form must be fully completed and submitted by the Participant before the Participant is allowed to participate in the above referenced Activity.

In consideration for receiving permission to participate in the above Activity, including all incidental programs occurring in-state or out-of-state (i.e., field trips), Participant hereby and agree as follows:

- Participant acknowledges, understands, and appreciates that as part of the Participant's participation in the Activity, there are dangers, hazards, and inherent risks to which the Participant may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. Participant further acknowledges that participating in the Activity, including all incidental programs, may involve risks and dangers, both known and unknown, and has elected to participate in the Activity.
Participant acknowledges and fully assumes the risk of and accepts sole responsibility for any injury to Participant (including, but not limited to illness, personal injury, disability, and death), including sole responsibility for any damage, loss, claim, liability, or expense of any kind (including but not limited to all medical expenses incurred), that the Participant may experience or incur in connection with Participant's participation in the Activity.
Participant hereby releases and forever discharges the City of Alpharetta ("City"), the City of Alpharetta Recreation, Parks & Cultural Services Department, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants, and agents, from any and all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury, illness from infectious disease or other sickness, disability, or death, arising out of, or sustained as a result of, Participant's participation in the Activity and all incidental programs.
In the event of an accident or serious illness, Participant hereby authorizes representatives of the City to obtain emergency medical treatment for Participant. Participant hereby agrees to hold harmless and indemnify the City, the City of Alpharetta Recreation, Parks & Cultural Services Department, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. Participant further agrees to accept full responsibility for all expenses, including medical expenses that may derive from any injuries to Participant that may occur during his/her participation in the Activity.
Participant understands the refund policies as listed in the current department activity guide <https://www.alpharetta.ga.us/government/publications/recreation-parks-activity-guides> and online at www.alpharetta.ga.us/recreation/resources.
Participant hereby gives the City permission to take photographs of Participant or photographs in which Participant may be involved with others without compensation to Participant. These photographs may be used by the City for promotional and information purposes in print, on the City website and in other media.
If paying by credit card: Participant understands that his or her credit card billing address must match the billing address on record with my financial institution for Participant's payment to be authorized, and that any payments that do not receive authorization can result in temporary charges being placed on Participant's credit card. Participant agrees to pay the total amount in accordance with the card issuer agreement.
The undersigned further expressly agrees that the foregoing is intended to be broad and inclusive as is permitted by the laws of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Concussion Awareness Policy and Procedures

Approved by Alpharetta Recreation Commission – November 14, 2013

PARTICIPANT/PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT OF CONCUSSION AWARENESS POLICY AND PROCEDURES

I/We, the above participant(s) and/or spouse and/or parents/guardians of the above participant(s), understand that the intent of the City of Alpharetta Recreation, Parks & Cultural Services Department (“Department”) Concussion Awareness Policy and Procedures is to reduce the potentially serious health risk associated with sports and activity induced concussions and head injuries through education of coaches, referees, employees, instructors of at-risk activities, trainers, parents, and participants of the signs, symptoms and behaviors consistent with sports and activity induced concussions. I/We understand that the Department cannot prevent concussions, and/or injuries to the head and/or body, from occurring during the course of recreation sporting events, practices, and competitions. I/We further understand that the Department requires that any participant under the age of 19 suspected of a concussion or head injury must be removed from the activity and it is recommended that the participant be examined by a licensed health care provider. If a participant is deemed by a licensed health care provider to have sustained a concussion, Department personnel or other designated personnel (volunteers, contractors, trainers, and/or parent/legal guardian) shall not permit the participant to return to play until he or she receives documented clearance from a licensed health care provider for a full or graduated return to play. I/We further understand and acknowledge that the Department’s adoption of the Concussion Awareness Policy and Procedures shall not create any liability for, or create a cause of action against, the City of Alpharetta, the Department, or their officers, employees, volunteers or other designated individuals for any act or omission to act related to the removal or non-removal of a participant from a Department activity. The Georgia Department of Public Health is referring everyone to the “Heads Up – Concussion in Youth Sports” program offered by the CDC. The following is a link to the program:

https://www.cdc.gov/heads-up/?CDC_AAref_Val=https://www.cdc.gov/headsup/youthsports/

Additional information is available at and <https://nfhslearn.com/>

I have read, understand, and agree to the terms, conditions, and information contained in this Activity Registration Form.

Parent/Participant Signature: _____ **Date:** _____
(Participant over the age of 18 or Parent/Guardian of a Minor Participant)

Registration form may be emailed to accprograms@alpharetta.ga.us For more information on Code of Conduct, Registration and Refund policies visit www.alpharetta.ga.us/recreation/resources. Call 678-297-6100 for questions or assistance.