

Registration Form

- Make checks payable to the Springfield–Greene County Park Board. Include Driver’s License number and place of employment.
- Registration forms received without payment will be returned to you.
- Scholarships available on a limited basis. For information call 864-1049.
- If you are not able to complete the registration form, please contact our office for assistance.

Mail registration form and check to:

Springfield-Greene County Park Board
Program Registration
1923 N. Weller • Springfield, MO 65803

Indicate the program you are registering for on the outside of your envelope. Some registration periods differ for a few programs. Please check the specific information for programs that interest you.

Cancellation Policy:

- If you must cancel, please write/fax letter at least five (5) business days before the activity/rental start. Choose from these options: a) transfer to another activity/rental, or b) receive your money back (less a \$10 processing fee.)
- Refunds take 2-3 weeks.
- There will be a \$20 fee for all returned checks.

Participant’s Name: Date of Birth: School (if attending):		Parent/Guardian Name:	Home Phone: Work Phone: E-mail:
Home Address:			City & Zip:
Business Name & Address:			City & Zip:
Name of Activity	Location	Session/Dates/Day/Time	Fee
1. _____	_____	1. _____	1. _____
2. _____	_____	2. _____	2. _____
3. _____	_____	3. _____	3. _____
My family and I hereby waive and release the Springfield-Greene County Park Board and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator of the Springfield-Greene County Park Board activities.		Total Fees Enclosed: \$_____ Charge to my: ___ Visa ___ Mastercard Card Number: _____ Expiration Date: _____ 3 Digit V Code: _____	
_____ <i>Signature of participant or parent if participant is under 18</i>		_____ <i>Signature, exactly as it appears on the card</i>	
Return this form along with payment, to the above address. Make checks payable to the Springfield-Greene County Park Board. Include Driver’s License number and place of employment.		I give my permission for me and/or my child to be photographed while participating in Park Board activities, and to use any photographs of me and/or my child for Park Board promotional purposes. _____ <i>Signature of participant or parent if participant is under 18</i>	



If you have a disability, do you require accommodations to participate in any of these activities? _____

If yes, please notify us at least one week prior to start of program. Please describe accommodation needed: _____
