

▶ Registration Form

FEES

Full payment for classes, programs, and trips must be made at the time of registration.

PAYMENT INFORMATION

We accept cash, personal checks, credit cards (Visa, MasterCard and Discover), and money orders for payment of fees. Checks should be made payable to Clarksville Parks District.

REFUNDS

Each refund costs the district time and money. The following policy will be implemented for refunds:

1. When a class is cancelled or closed by the Parks & Recreation District, those who have paid a fee will be issued a full refund.
2. A refund requested by the participant will be processed if received at least seven (7) days prior to the start date of the class, program, or trip. A processing fee of \$5.00 per refund will be deducted from the refund amount.
3. NO REFUNDS will be issued after the start date of the class, program or trip.
4. Please allow 2-4 weeks for all refunds to be processed.

How to Register

MAIL IN

Mail completed registration form & payment to:
Clarksville Parks
2000 Broadway, Suite 221
Clarksville, IN 47129

CHARGE BY PHONE

Call 283-5313 with credit or debit card information

PAY IN PERSON

Parks and Recreation Office in Town Hall
Monday - Friday 8:30 am - 4:30 pm

Sorry, no registration or reservation will be made without payment.

▶ Registration Information

Responsible Person Household Information	First			Last					
	Address			EMail					
	City			State	Zip				
	Home Phone ()		Cell Phone ()		Work Phone ()				
	Emergency Phone ()			Emergency Contact					
Participants Name				Birthdate			Grade	Sex	Activity/Trip*
				MONTH	DAY	YEAR			

I, the participant, agree to defend, pay in behalf of, and hold harmless the Board of Parks and Recreation, of the Town of Clarksville and its elected officials and appointed officials, employees and volunteers and others working in behalf of the Board of Parks and Recreation against any claim, demands, suits, loss, including all costs connected therewith, for any damage which may be asserted, claimed, or recovered against or from the Board of Parks and Recreation, the Town of Clarksville, by reason of personal injury, including bodily injury and death, and/or property damage which arises out of the alleged negligence of the Board of Parks and Recreation, Town of Clarksville, its employees, volunteers, etc. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Signature of each adult registrant and/or signature of a parent/guardian for each participant under the age of 18.

Card Holder Name _____

Card # _____

Expiration _____ CCV _____

Signature _____

Signature _____

Date _____

Method of Payment: Cash Check _____ Visa/Mastercard Discover