

## Division of Therapeutic Recreation Registration Procedures

Registration forms and fees may be mailed or brought into the Marion Diehl Recreation Center office and must be in at least 48 hours prior to the start date of the program. All registrations are on a first-come, first-served policy. In some cases, program enrollment is limited. Registrations are considered complete when full payment has been received, unless a payment plan has been approved by the Senior Manager of the Division of Therapeutic Recreation.

1. If a program closes due to large enrollment, a waiting list of those interested will be kept. If individuals withdraw from the program, the next person on the waiting list will be contacted to fill the vacancy.
2. A class or program may be canceled if the minimum enrollment is not met; your account will be credited in full.
3. There will be no pro-rated fee for late registrations.
4. A full refund will be issued for Therapeutic Recreation programs canceled due to low enrollment or inclement weather. A partial refund (refund minus a 10% service charge) will be issued when the registrant submits a written request for a refund a minimum of ten (10) days before the program start date. A partial refund (refund minus a 10% service charge) will also be approved if the registrant submits a physician's letter advising against participation before the first session. NO REFUND will be approved less than ten (10) days before the first session (without a physician's letter) or after the first session of any service.

### Mecklenburg County Park and Recreation Department, Division of Therapeutic Recreation Seasonal Program Registration Form

Mail or return to:

The Division of Therapeutic Recreation  
Marion Diehl Recreation Center  
2219 Tyvola Road  
Charlotte, NC 28210

Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Disability: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Accommodations required (e.g. w/c accessible vehicle, interpreter, etc.): \_\_\_\_\_

List any medications, dietary restrictions or allergies:  
\_\_\_\_\_

Program Name	Dates	Time	Fee
Total Fee(s)			\$

Type of Payment: Check/money order    cash    Visa    MasterCard  
Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

In consideration of my/ my child's participation in the aforementioned Mecklenburg County Park and Recreation Department program or activity, I hereby release and hold harmless Mecklenburg County, the Mecklenburg County Park and Recreation Department and any and all employees or agents, to the extent allowed by law. I have informed the Park and Recreation Department staff of any physical or medical conditions that may hinder my / my child's participation in the program or activity. Furthermore, unless stated in writing, I give my permission to use any photographs taken in the program or activity for public relations purposes, understanding all confidential/ personal information will be withheld.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_