



Session 5 :: March 1st—April 16th

Clubs/Sports meet once a week in the APR room.(3:30-5:00)

Monday: Dodgeball—Have some afterschool fun with the SPARC crew as we play different variations of everyone’s favorite sport.

Tuesday: Science Club—Perform fun and interesting experiments while learning about the wonderful world of science!

Thursday: Smarty Pants Club—Solve brain teasers, advanced puzzles, and learn to problem solve through out-of-the-box thinking!

Questions?

Call Joseph Seastrom
(417) 891-1627

REGISTRATION INFORMATION FORM

- Make checks payable to **SPARC** with Driver’s License Number & place of employment indicated.
- **No News Is Good News;** if we do not contact you the class is a go.
- Registration forms received without payment will be returned to you.
- Scholarships are available on a **limited basis**.

Return your registration form with specified fee to:

Your child’s teacher in an envelope marked: **SPARC Program**
(please indicate the program you are registering for on the outside of the envelope)

Cancellation Policy:

1. Program fees offset the cost to plan and schedule each program. When you sign up for a program, we depend on your enrollment for a successful program. Please plan your schedule carefully. We cannot accept responsibility for your personal circumstances.
2. If you must cancel from a class, call 837-5737 five (5) business days before the class starts. Choose from these options: a) transfer to another class; or b) request a refund (less a \$10.00 processing fee).
3. If approved, refunds take 2—3 weeks.
4. You will be notified if your class is cancelled due to insufficient registration.
5. There will be a \$20.00 fee for all returned checks.



DETACH and RETURN: (Keep top portion for your records)



Participant’s Name: Age: Grade: 5th / 6th School Attending:	Parent/Guardian Name:	Home Phone: Work Phone: Cell Phone:
Home Address:		City & Zip:
Pick-Up Authorization: 1. _____ 2. _____ 3. _____		Email:
<u>Check Club/Sport(s) Wanted</u> <input type="checkbox"/> Mondays— Dodgeball <input type="checkbox"/> Tuesdays—Science <input type="checkbox"/> Thursdays—Smarty Pants	*Clubs will not meet during the week of Spring Break*	Fee \$24 / Sport or Club
Charge to my _____ VISA _____ MasterCard Expiration Date: _____ Card Number: _____ X _____ <i>Signature, exactly as it appears on the card</i>		TOTAL FEES ENCLOSED: _____ X \$24 = _____ <small>(# of Clubs/Sports) (Price per club) (total amount enclosed)</small>
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 Springfield-Greene County Park Board activities. _____ <i>Signature of participant or parent/guardian if participant is under 18 years of age</i>		Return this form along with payment as indicated above. If paying by check, include driver’s license number & place of employment on the check.
Does participant have a disability that would require accommodations to participate in any of these activities? _____ If YES , you must register one week prior to program start date. Please describe disability _____		
Can your child be photographed?	Yes _____ No _____	
FOR OFFICE USE ONLY:		
Date: _____ Received By: _____ Fee Paid _____ Cash _____ Check Number: _____		Receipt Number: _____