

REGISTRATION INFORMATION



- Complete registration form below
- Make checks payable to **SPARC**
 - * Include Driver's License Number
- Return registration form (with appropriate fee) to:
 - * School Office:
 - ⇒ In an envelope marked: **SPARC Program**
 - * SPARC Office:
 - ⇒ Fax: 831-1769
 - ⇒ Office: 300 E. Harrison, Springfield, MO 65806
 - * \$20 Fee will be applied to all insufficient payments

Cancellation Policy:

1. Program fees offset the cost to plan and schedule each program, and successful programs depend on your enrollment. Please plan your schedule carefully, as SPARC is unable to accept responsibility for personal circumstances.
2. Cancellation & Transfer requests must be submitted five (5) business days before the class begins. The request must state one of the following options: **a) transfer to another class;** or **b) request a refund (minus a \$10.00 processing fee).**
3. Requests must be submitted to the SPARC Office via fax, email, mail or in-person.
4. If approved, refunds take 2 - 3 weeks.
 *You will be notified if your class is cancelled due to insufficient registration and a full refund will be issued.



Participant Information:

T-Shirt Size (circle one): Youth: S M L Adult: S M L **Race Distance (circle one):** 1/4 mile 1/2 mile 1 mile 1.8 mile

Child's Name: _____ Grade: _____ DOB: _____ Teacher: _____ School Attending: _____

Parent/Guardian Contact (s):

Name: _____ DOB: _____ Home Phone _____ Cell Phone _____
 Name: _____ DOB: _____ Home Phone _____ Cell Phone _____

Pick-up Authorization:

1. _____
 2. _____
 3. _____
 *Must have photo identification

Home Address: _____ Email Address: _____

Emergency Contact:

Name _____ Phone _____

Program & Payment Info:

Name of club/program: Elite Feet

Date: _____
 Time: _____

Total Fees Enclosed:

\$ _____

VISA ___ Master C ___ Disc ___ Am Exp ___ Expiration Date: _____ - _____ 3 or 4 Digit Code: _____
Month Year

Card Number: _____ - _____ - _____ - _____

X _____
Signature, exactly as it appears on the card *Print Name, exactly as it appears on the card*

Permission to walk home?

Yes _____ No _____

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 _____

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 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.
 Springfield-Greene County Park Board may receive grades, MAP Scores, attendance & assessment information to report to the Department of Elementary & Secondary Education for grant reporting purposes.

X _____
Signature of participant or parent/guardian if participant is under 18 years of age

Zombie Run Release and Waiver of Liability Agreement:

In consideration of your acceptance of this entry, I, intending to be legally bound hereby, for myself, my heirs and assignees waive any/all claims for any damages which I may have against Bass Pro Shops Outdoor World, Springfield Public Schools, OMRR, Springfield-Greene County Parks and Recreation, Ozark Greenways and Wonders of Wildlife, Big Brothers Big Sisters of the Ozarks, any and all race sponsors and organizers, and/or their employees, for any injuries and illness suffered by me in this event, including those which may be attributable to weather conditions. I attest and verify that I am physically fit and have sufficiently trained for the competition of this event. I have read the entry information provided and certify my compliance by my signature below. (Parent or Legal Guardian must sign if entrant is under 18 years of age.) **Bass Pro Shops will be videotaping and photographing portions of the events for documentation and promotional purposes. By signing the registration form you give your consent to be filmed and photographed as a part of this event.

X _____
Signature of participant or parent/guardian if participant is under 18 years of age

FOR OFFICE USE ONLY: Date: _____ Received By: _____ Receipt Number: _____
 School: _____ Fee Paid _____ CC _____ Cash _____ Check Number: _____ Entered in Active _____