

# FIRST COLONY PARKS & RECREATION REGISTRATION FORM

[www.firstcolony.org](http://www.firstcolony.org)

Log-On to view class schedule

**FOUR WAYS TO REGISTER:**

1. **Walk-In** (cash, checks or Visa/MasterCard)
  - First Colony Parks & Recreation Office, 4350 Austin Parkway – Monday thru Friday – 8:00 am – 5:00 pm
2. **Phone-In** – Call 281-634-9555
  - Visa or MasterCard required for phone-in registrations
3. **Fax-In\*** – 281-634-9565
4. **Mail-In\***
  - First Colony Parks & Recreation, 4350 Austin Parkway, Sugar Land, Texas 77479

\*No faxes or mail-in registrations will be accepted for swim lessons

**FIRST COLONY PARKS & RECREATION**

**PROGRAM INFORMATION**

**REFUND PROCEDURE:** You may call 281-634-9555 to request a refund. REFUNDS WILL NOT BE GRANTED AFTER THE 2<sup>nd</sup> CLASS DAY and will be processed through the mail. Refunds will take approximately 4 weeks.

**REGISTER EARLY:** If a class has not met the minimum number for enrollment five (5) days prior to the start date, the class will be cancelled. Classes and camps are offered on a first come, first serve basis. For mail-in, drop-off and fax-in registrations, you will only be contacted if there are no openings or the class is cancelled.

**CLASS CHANGES:** FCCA Parks & Recreation reserves the right to cancel, combine or the time, date or location of any program at any time.

**PLEASE PRINT & FILL OUT COMPLETELY (MAKE CHECKS PAYABLE TO FCCA)**

<b>FAMILY</b>	Last Name	First Name	Neighborhood
	Address		City
<b>PHONE</b>	Home		Zip
	Work	Email	

**PARTICIPANT INFORMATION:**

Last	First	DOB	Program/Class	Dates	Location	Time	Fee
		/ /					
		/ /					
		/ /					
		/ /					

**TOTAL \$ \_\_\_\_\_**

**PLEASE NOTE: ALL REQUESTS FOR REFUNDS MUST BE MADE PRIOR TO SECOND CLASS DATE. REFUNDS TAKE APPROXIMATELY 4 WEEKS TO PROCESS. TO VERIFY ENROLLMENT, CALL 281-634-9555.**

RELEASE AND AUTHORIZATION

By my signature below, I hereby authorize the First Colony Community Association, Inc. (FCCA) to obtain emergency medical care for \_\_\_\_\_ in the event of accident or illness occurring during participation in the Recreational Programs. In consideration of acceptance of this registration, I for myself, (name of children), heirs, executors assigns and administrators, hereby waive and release any and all rights and claims against the FCCA for any and all injuries or damages sustained by \_\_\_\_\_ during participation in Recreational Programs. I represent, by my signature below, that I understand and agree to the terms of this Release and Authorization and that the information in this Registration Form is true, correct and complete to the best of my knowledge.

**Credit Card Payment:**

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard    #: <input style="width: 150px;" type="text"/>	Expiration Date: <input style="width: 100px;" type="text"/>
Name As It Appears On Card : <input style="width: 150px;" type="text"/>	Check #: <input style="width: 100px;" type="text"/>
Participant/Guardian Signature: <input style="width: 150px; height: 30px;" type="text"/>	Date: <input style="width: 100px; height: 30px;" type="text"/>

**FOR OFFICE USE ONLY**
