

gwinnettcountry  
 Health & Human Services  
 Centerville Community Center  
**General Program Sign-Up**



Centerville Community Center  
 3025 Bethany Church Road  
 Snellville, GA 30039  
 (tel) 770.985.4713  
 (fax) 700.982.4716  
 www.centervillecommunitycenter.com

*This is not a Gwinnett County Program*

One form per program. Multiple siblings who are participating can be included on same form.

**Please PRINT CLEARLY.**

**Waiver for Participant**

In consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against Gwinnett County Community Services and its representatives, successors, and assigns any and all injuries suffered by myself or my child at any activity sponsored by these groups. Gwinnett County Community Services reserves the right to photograph and videotape all its activities, events, camps, classes, programs, and facilities for promotional purposes.

**To be filled out by Person other than Parent/Legal Guardian registering minors:**

I, \_\_\_\_\_ of \_\_\_\_\_ have attained permission from \_\_\_\_\_  
 (Print name and relation to child) (Child's Name) (Parent/Guardian Name)

to register, drop-off or pick-up said child.

**I understand that by signing below, parents and I agree to the Waiver of Participation listed above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Contact Number \_\_\_\_\_

Participant(s) Name(s) _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Participant(s) Name(s) _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Participant(s) Name(s) _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Participant(s) Name(s) _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Participant(s) Name(s) _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>

Parent(s) Name(s), if participant is a minor \_\_\_\_\_

Address: \_\_\_\_\_ Gwinnett County Resident

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

Home/Cell Phone: \_\_\_\_\_ Work/Other Phone: \_\_\_\_\_

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

Group/Presenter	Class	Date(s)	Time

There is a \$40 fee for returned checks.

**Cancellation Policy**

Fees will be collected by and paid to the Group/Presenter listed on this form; therefore, all refunds will be payable by Group/Presenter. Neither Centerville Community Center (CCC) nor Gwinnett County Government will be responsible for refunds.

1. Group/Presenter agrees that if a program is cancelled, a full refund will be provided to participant (including the non-refundable registration fee).
2. Participants who make a written cancellation request 5 or more regular working days prior to start of class will receive a full refund (less the non-refundable registration fee).
3. Participants who make a written cancellation request less than 5 regular working days prior to start of class will be charged a processing fee of an amount equal to half their total class fee. The remainder of the class fee will be refunded. Instead of a refund, participants may elect to receive a full credit towards another class. Credit must be used for a class by the same presenter, and must be used within one year of issuance.
4. No refunds or credits will be issued on or after starting date of class.

By signing below, I acknowledge that I have read and understood the Cancellation Policy above.

Signature (Participant/Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_