

Sign Me Up!

Walk - In
Monday-Friday
8am-5pm



Colleyville Park
and Recreation
5109 Bransford Rd.
Colleyville, TX 76034

Fax
817.503.1189



Person to Person
817.503.1180

Register Early! Don't let a GREAT class get canceled!

Each class must reach a minimum number of participants two days prior to the start date of class. This is a courtesy to our instructors and other participants enrolled.

Satisfaction Guaranteed!

If for any reason, you are unhappy with a class, we will refund your money, transfer you to another class or provide you a credit.

Refund and Transfer Policy

Full refunds will be granted when requested five days prior to the start date of the class. Refunds requested less than five days will be granted a refund less a \$5 administrative fee. If courses are canceled by the Parks and Recreation Department due to low enrollment or other circumstances, the participant may: request to transfer to another class, registration fee applied to account, to use at a later date or receive a full refund by check (mailed 7 to 10 business days to home address). No cash refunds.

Please Print

Please make checks payable to City of Colleyville.
Parent/Guardian Information

First Name: _____ Last Name: _____

Address: _____

Phone (h): _____ (c) _____ (w): _____

Email: _____ (email is for internal purposes only and will not be sold)

Participant's Name	Birthdate	Sex	Course Dates	Course Name	Days	Fee
Total (plus \$5 each class for non-residents)						

NOTICE: All Registrants Must Sign Waiver. I hereby release, absolve, indemnify and hold harmless the City of Colleyville, the Parks and Recreation Department, its employees, activity officials, supervisors, any or all in the event of any accident, injury or death sustained by the above named participant(s) while being transported to or from an activity or while participating in any activity from any liability of any kind whatsoever. All activities involve some physical nature and I understand and assume the risk. In the event of a serious accident or injury, I understand city officials may contact 911, provide and perform first aid, and when necessary, recommend transport to a hospital and reach the parent/guardian as soon as the situation allows. I, the parent or legal guardian of the above named participants, do hereby give my approval for participation in any and all the program activities. I give permission for any photographs taken during these activities to be utilized for promotional uses by the City now and in the future.

Signature _____

Date _____

Cash Mastercard Check

Expiration Date: _____

I agree to pay the 3.5% convenience fee for using a credit card

Cardholder Name (print) _____

Signature _____

Check #: _____

Date _____