

**ALLEN COUNTY PARKS  
PROGRAM REGISTRATION FORM**

Program Name: \_\_\_\_\_

Program Date: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Name of Parent / Guardian:

\_\_\_\_\_  
Address

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

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

Fee/Student \_\_\_\_\_ X # of children \_\_\_\_\_ = \_\_\_\_\_

Fee/Adult \_\_\_\_\_ X # of adults \_\_\_\_\_ = \_\_\_\_\_

Total Amount Prepaid \_\_\_\_\_

**PLEASE RETURN THIS FORM TO METEA COUNTY PARK, ATTN: Ron Divelbiss**

**Refund Policy:**

Advanced registration and payment is required by noon one week prior to the program. Full refund or credit is given if you contact Ron Divelbiss at Metea County Park one week prior to the start of the program; however it will take up to 30 days to receive the refund check from the County. **REFUNDS CANNOT BE GIVEN AFTER THIS TIME.**

**Photo / Video Release**

I hereby give my permission to Allen County Parks and Recreation Department to use any photographs or video tapes in promotional materials, brochures, and videos that include the above named student.

\_\_\_\_\_  
Printed name of parent / guardian Date

\_\_\_\_\_  
Signature of parent / guardian

\_\_\_\_\_  
Witness Date

**Make checks payable to:** Allen County Parks  
**Mail checks to:** Metea County Park  
8401 Union Chapel Rd.  
Fort Wayne IN 46845