

# REGISTRATION INFORMATION

## WALK IN, MAIL or FAX

Register at the Costick Center: 28600 West Eleven Mile Road, Farmington Hills, MI 48336 (between Middlebelt and Inkster Roads).  
Office Hours: 8:30 am to 4:30 pm Monday through Friday and Wednesdays until 7 pm, for registration by cash, check, Visa or MasterCard.  
PHONE 248-473-1800 FAX 248-473-1801

## REGISTER ONLINE: <https://recreg.fhgov.com>

Online registration is available for most of our programs and classes. In order to register online you must know your Household Number. If you have been in a Farmington Hills Special Services activity before, your Household Number can be located on a past receipt from our department. If you are a new user, don't know your Household Number, or if you need to make changes to your household (add family members, change your address, etc.), you may email us at: [CostickCenter@fhgov.com](mailto:CostickCenter@fhgov.com)

## REGISTRATION FORM

(Form not used for Ice Arena Programs)

**AFTER HOURS:** Walk-in registration after hours drop box is also available. When entering Door A, the drop box is located on the wall around the corner to the left of the Registration counter. Print all information on registration form, be sure to include phone number with area code and program number for each class requested, along with check for correct amount or Visa or MasterCard account number and expiration date.

### REFUND POLICY

- Participants who cancel prior to the 1<sup>st</sup> class will receive full amount less \$10 administrative fee. Participants canceling after the 1<sup>st</sup> class and before the 2<sup>nd</sup> class will receive 50% of class fee less \$10 administrative fee. Refunds must be requested prior to the 2<sup>nd</sup> class or activity meeting.
- If a class activity is under \$10, there will be no refund unless we cancel the class. Call the Special Services Office at 248-473-1800, Monday-Friday, 8:30 am-4:30 pm. Not all programs, concerts and events are eligible for refunds.
- A \$10 administrative fee is withheld from all refunds. Fee is per person, per transaction. A \$5 transfer fee will be charged for each individual transfer that is made except when requested by an instructor teaching the class.
- CAMP/TOUR REFUND POLICY** – Must be requested two weeks prior to first day of camp. Less than two weeks prior, only 50% of fee is refunded.
- ADULTS 50 & BETTER REFUND POLICY** – Once a program begins, a refund will only be issued if the cancellation does not drop class below minimum.
- YOUTH CENTER FIELD TRIPS** – Refunds only if a field trip is canceled. All efforts will be made to reschedule canceled trips. If a field trip is missed due to the Youth Member's absence, no credit will be issued and no rescheduling of field trips is allowed.
- After request, please allow three weeks processing time for the refund check to reach you by mail or four working days for a credit card refund.

HOUSEHOLD/PRIMARY ADULT CONTACT:

Resident  Non-resident

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

| Last Name | First Name | DOB | Grade | Gender | Class # | Activity Name | Fee |
|-----------|------------|-----|-------|--------|---------|---------------|-----|
|           |            |     |       |        |         |               |     |
|           |            |     |       |        |         |               |     |
|           |            |     |       |        |         |               |     |

Visa  MasterCard  Expiration Date: Mo \_\_\_\_\_ Year \_\_\_\_\_ Card Number: \_\_\_\_\_

Authorization Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Release & Indemnification** -- By signing below and submitting this registration, I hereby hold harmless and release and agree to indemnify and not to sue the City of Farmington Hills and its employees and instructors with respect to any and all liability, claims, losses, demands, suits, causes of action, and damages on account of injury or death to me or any other person or damage or loss to any property, whether caused by any negligent, grossly negligent or tortious act or omission of the City of Farmington Hills or its employees or instructors or otherwise, in connection with the events, activities, programs and classes identified above, or the use of any facility or equipment in connection with same.

**Photo/Video Authorization** -- By signing below and submitting this registration, I hereby give my consent for the City of Farmington Hills to use, without compensation to me or anyone else, photographs and video and audio recordings of myself and my minor children, if any, participating in the events, activities, programs and classes identified above in future City of Farmington Hills community brochures, newsletters, flyers, advertising, City-sponsored website postings, and local cable channel programming.

Date: \_\_\_\_\_ Participant's Signature: \_\_\_\_\_ (Guardian signature for minors)

Make checks payable to Farmington Hills Special Services and mail to: **REGISTRATION, Farmington Hills Special Services, 28600 W. Eleven Mile Road, Farmington Hills, MI 48336. CHECK OR MONEY ORDER MUST EQUAL EXACT AMOUNT OF THIS REGISTRATION.**



The City of Farmington Hills welcomes individuals with disabilities into programs. Please describe any accommodations needed for successful inclusion in the program(s). \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? (Check all that apply)

- Brochure     Radio     Email     Newspaper     Flyer     Poster     Electronic Sign  
 School     Website     Cable     Friend     Other \_\_\_\_\_