

Parks and Recreation Registration Form

Chapel Hill resident
 Carrboro resident
 Orange County resident
 Non-resident

Receipt # _____



Adult Participant/Parent Information

First Name _____ Last Name _____
 Address _____
 Town _____ State _____ Zip _____
 Home Phone: _____ Work Phone: _____
 Email Address _____ Cell Phone: _____

Spouse

First Name _____ Last Name _____
 Address _____
 Town _____ State _____ Zip _____
 Home Phone: _____ Work Phone: _____
 Email Address _____ Cell Phone: _____

Emergency Contact (other than parent) Name: _____ Relationship to Child: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Chapel Hill Parks and Recreation welcomes people with disabilities to our programs. Please describe any special needs accommodations requested: We will contact you for additional information.

Registration Information									
	First Name	Last Name	Birth Date	Grade	Age	Sex	Activity #	Program Name	Fee
1									
2									
3									
4									
Second choice if program on line _____ above is filled.									
Second choice if program on line _____ above is filled.									
Payment is required at the time of registration. <input type="radio"/> check # _____ (make check payable to Town of Chapel Hill and mail to CHPR, 200 Plant Road, Chapel Hill, NC 27514) <input type="radio"/> money order <input type="radio"/> Mastercard/Visa									

For Youth Athletics, please complete: Circle the section where you live on the section map:
 1 1A 2 2A 3 3A 4
 Shirt Size _____ Child's Name _____
 Shirt Size _____ Child's Name _____
 Shirt Size _____ Child's Name _____

* Shirt available in youth or adult sizes S, M, L or XL, for ages 5-9; ages 10 or older, adult sizes only

I, the above named, understand that participation in recreation programs can involve vigorous activity. A thorough physical examination is recommended. I hereby assume all risk and hazards incidental to participation in the above mentioned program(s), including transportation to and from all activities, and do so hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Chapel Hill, its officers, agents and employees, the Parks and Recreation Commission, the coaches and co-sponsors from any claims arising out of injury to the above named participant(s). I further certify that I am physically fit to participate in this program and have not been otherwise informed by a physician. In addition, I give my permission to UNC Hospitals and/or other licensed medical facilities to provide treatment as deemed necessary by them.

Photo Policy: Chapel Hill Parks and Recreation Department reserves the right to photograph program participants for publicity purposes.

Policy of Non-Discrimination: The Town of Chapel Hill does not discriminate on the basis of disability in admission, access, treatment or employment in its programs or activities.

REFUNDS: NOT ALL PROGRAMS, PASSES, or RENTALS ARE ELIGIBLE FOR A REFUND. Refund requests must be made in writing (parksrec@townofchapelhill.org). If eligible a \$10 processing fee (per class, pass or rental) will be charged. Some refunds require 7 days advance notice. Visit chapelhillparks.org for full refund policy.

Participant signature or signature of parent/guardian (if child is under 18): _____ **Date:** _____