

Parks and Recreation Registration Form

Chapel Hill resident Carrboro resident Orange county resident Non-resident

Receipt# _____

Adult Participant/Parent/Guardian

First Name _____ Last Name _____

Address _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone _____

Spouse/Parent/Guardian

First Name _____ Last Name _____

Address _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone _____

Emergency Contact (other than parent) Name: _____ Relationship: _____ Phone # _____

Please check if you/your children have unique skills, abilities or special needs. We welcome participants of all abilities. We can serve your family better if we know about them and discuss options before an activity starts.

Registration Information									
	First Name	Last Name	Birth Date	Grade	Age	Sex	Program Name	Activity#	Fee
1									
2									
3									
4									
Second choice if program on line ___ above is filled.									
Second choice if program on line ___ above is filled.									
See Minimum payment below. <input type="checkbox"/> check # _____ (make check payable to Town of Chapel Hill and mail to CHPR 200 Plant Road, Chapel Hill, NC 27514) <input type="checkbox"/> money order <input type="checkbox"/> credit card									

For Youth Athletics: 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

REFUNDS: NOT ALL PROGRAMS, PASSES, OR RENTALS ARE ELIGIBLE FOR A REFUND. A refund or credit of registration fees, less a \$10.00 processing fee (per program or rental), will be made if requests for a refund are made **IN ADVANCE** and **IN WRITING** (parksrec@townofchapelhill.org). Some require **14 DAYS** advance notice. Visit chapelhillparks.org for full refund policy and guidelines.

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

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, 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.

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. State and local authorities recommend physical distancing and wearing facial coverings as means to prevent the spread of the virus; a declaration requiring face coverings in indoor locations and where physical distancing is not possible went into effect in Orange County on June 12, 2020. In compliance with the declaration, participants may be required to wear a facial covering while engaged in programs at the discretion of Town of Chapel Hill staff. **Participating in Town of Chapel Hill recreation programs or accessing Town of Chapel Hill recreation facilities could increase the risk of contracting COVID-19.** While the Town staff will make reasonable efforts to adhere to recommended precautionary guidelines for dealing with COVID-19, participants may be exposed to increased risk of transmission or infection of COVID-19. The Town of Chapel Hill in no way warrants that COVID-19 infection will not occur through participation in Town of Chapel Hill recreation programs or utilizing Town of Chapel Hill facilities.

Parent/guardian Signature: _____

Date: _____