

CHAPEL HILL PARKS AND RECREATION DEPARTMENT

YOUTH ATHLETIC REGISTRATION FORM

HOUSEHOLD INFORMATION			
<input type="radio"/> Chapel Hill resident <input type="radio"/> Carrboro resident <input type="radio"/> Orange County resident <input type="radio"/> Non-Resident			
Adult Participant or Parent Information		Secondary Parent	
First Name _____ Last Name _____		First Name _____ Last Name _____	
Address _____		Address _____	
Town _____ State _____ Zip _____		Town _____ State _____ Zip _____	
Home Phone: _____ Work Phone: _____		Home Phone: _____ Work Phone: _____	
Emergency Phone: _____ Cell Phone: _____		Emergency Phone: _____ Cell Phone: _____	
Email address: _____		School your child attends _____	
Emergency Contact (other than parent): Name: _____		Relationship to child: _____	
Home Phone: _____ Work Phone: _____		Cell Phone _____	

CHPR welcomes individuals with disabilities in our programs. Advance knowledge of you or your family member's needs will help us to provide the best experience possible. Please indicate any disability or medical condition below. We will contact you for more information. Questions? Call Marian Kaslovsky, Therapeutic Recreation Specialist at 968-2787 x 217.

Please describe the participant's needs: _____

Please circle the section where you live on the section map (page 40): 1 1A 2 2A 3 3A 4

REGISTRATION INFORMATION for YOUTH ATHLETICS											
	First Name	Last Name	Birth Date	Grade	Age	Sex	Activity #	Program Name	Dates	Shirt Size	FEE
1											
2											
3											
4											
Payment is required at the time of registration: <input type="radio"/> check # _____ (make check payable to CHPR and mail to CHPR, 200 Plant Rd., Chapel Hill, NC 27514) <input type="radio"/> money order <input type="radio"/> Mastercard/Visa (see below)											
TOTAL											

*Shirt available in youth or adult sizes for ages 5 - 10; ages 11 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 or activity 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.

PARTICIPANT SIGNATURE OR SIGNATURE OF PARENT/GUARDIAN IF CHILD IS UNDER 18: _____

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.

CREDIT CARD INFORMATION Visa MasterCard Account #:

Must be complete for mail-in credit card transactions

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Name on card: _____ Signature: _____ Expiration Date: _____

