

# CHAPEL HILL PARKS AND RECREATION DEPARTMENT

## PASS APPLICATION

ALL PASSES ARE NONREFUNDABLE AND NONTRANSFERRABLE

Receipt Number: \_\_\_\_\_

**RESIDENCY:**  Chapel Hill Town limits  Carrboro  Orange County  Non-resident **DATE:** \_\_\_\_\_

### ADULT or PARENT/GUARDIAN

### SPOUSE or PARENT/GUARDIAN

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**CHILD'S Information for Pass** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PLEASE INDICATE THE PASS TYPE AND PASS NUMBER

**CLIMBING WALL** # \_\_\_\_\_ New / Renew  Annual  20 Visit

**POOL ANNUAL** # \_\_\_\_\_ New / Renew  0-8 YRS  9-18 YRS  Adult  Family  Add. Family Member

**6 MONTH** # \_\_\_\_\_ New / Renew  0-8 YRS  9-18 YRS  Adult  Family  Add. Family Member

**20 VISIT** # \_\_\_\_\_ New / Renew  0-8 YRS  9-18 YRS  Adult

**AQUAFIT** # \_\_\_\_\_ New / Renew  10 Visit  20 Visit

**BASKETBALL or PICKLEBALL ANNUAL** # \_\_\_\_\_ New / Renew  0-18 YRS  19 YRS and older

**20 VISIT** # \_\_\_\_\_ New / Renew  19 YRS and older

I, the above named, hereby assume all risk and hazards incidental to participation in programs offered by the Chapel Hill Parks and Recreation Department, including transportation to and from all activities, and for myself, my heirs, executors, administrators, and assigns, 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 cosponsors from any claims arising out of any injury to the above named participant. I acknowledge that I am aware that the risks in recreation programs include possible permanent disability or death. I further certify that I am physically fit to participate in these activities, and that I 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.

**ALL PASSES ARE NONREFUNDABLE. VISIT PASSES ARE VALID FOR ONE YEAR FROM DATE OF PURCHASE AND UNUSED VISITS EXPIRE WITH THE PASS.**

Passholder Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian (if participant is < 18 years) \_\_\_\_\_ Date \_\_\_\_\_

