

PROGRAM REGISTRATION FORM

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED AS FOLLOWS:

- For fee-based programs, submit applicable fees and form at City Hall (111 Masonic Street) prior to program start date.
- For free programs, submit this form in advance at City Hall or at the program location on your first day of attendance.

PROGRAM INFORMATION (Participants must complete a separate form for each program)

PROGRAM NAME(S)** _____

PRIMARY CONTACT INFORMATION

This section must be completed by a parent or guardian if participant(s) is/are under the age of 18.

Name _____ Creedmoor Resident? Yes No
First Name Last Name

Address _____
Street Address City State Zip

Phone _____ Alternate Phone _____

Email* _____

Emergency Contact _____ Phone _____

PARTICIPANT #1 INFORMATION

Participant Name _____ Male Female DOB _____

Allergies? Yes No Medications? Yes No Special Accommodations? Yes No

If you answered Yes to any of the questions above, please provide details below:

PARTICIPANT #2 INFORMATION

Participant Name _____ Male Female DOB _____

Allergies? Yes No Medications? Yes No Special Accommodations? Yes No

If you answered Yes to any of the questions above, please provide details below:

*By providing my email address I agree to receive email communications from the City of Creedmoor.
 **Visit www.cityofcreedmoor.org/Recreation for complete program listings and other information.

STATEMENT OF WAIVER (Required)

I, as a parent/guardian or participant, choose for myself or for my minor child(ren) to participate in the selected program(s) and hereby assume all risks and hazards incidental to the conduct of the activities on behalf of myself as well as on behalf of my minor children and ensure that I will faithfully comply with the terms of this registration and any Creedmoor program or facility policies and procedures.

I, as a parent/guardian or participant, assume all risks associated with participation in the selected program(s). Creedmoor Parks and Recreation Department assumes no liability for injury or damages arising from participation in the selected program(s). I release, absolve and indemnify the City of Creedmoor, employees of the City, volunteers, contractors, agents, vendors, and sponsors from all risk and hazard associated with the selected program(s). In the event of injury, I do expressly waive all claims to the City of Creedmoor. I understand that insurance coverage is not provided by the City of Creedmoor, the Creedmoor Parks and Recreation Department, nor any of its agents.

Further, I give permission for proper emergency care to be rendered to myself or my child(ren) should I not be able to give such permission. I understand that neither the instructor nor any staff are responsible for my child(ren) prior to or after the scheduled program hours. I understand that the Creedmoor Parks and Recreation Department reserves the right to photograph participants for publicity purposes and I hereby give the right and permission to copyright and use, publish, reuse, or republish pictures of myself and my child(ren).

My signature below denotes that I have read, understand, and agree to the statement of waiver, as outlined herein.

Participant Signature _____ Date _____

Parent/Guardian Signature required for participant(s) under 18 _____ Date _____