# Garner Parks & Recreation Department Program Registration Form:

**Household Information:** ◯ Town Resident ◯ Non-Resident

## Adult Participant or Parent Information:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone:_____ Work Phone:_____

Emergency Phone:_____ Cell Phone:_____

## Secondary Parent Information:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone:_____ Work Phone:_____

Emergency Phone:_____ Cell Phone:_____

Email Address:_____

Emergency Contact:_____ Relationship :_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

## Registration Information:

Payment is due at the time of registration. _____Cash _____Check #_____ _____Money Order _____Credit Card

| | First Name | Last Name | Birth Date | Age | Sex | Program Name | Dates/Time | *T-Shirt Size | Fee | Account Number (For Office Use) |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| **Mailing Address:** Activity Registration, PO Box 446 Garner, NC 27529 **Office Location:** 900 Seventh Avenue Garner, NC 27529 | | | | | | | | **TOTAL:** | | |

### Warning, Liability Release, Acknowledgment & Assumption of Risk:

*T-shirt size for programs with shirts provided.

I understand that participation in this recreation program involves risk of injury or loss of property. These risks include but are not limited to collision with other participants, being hit by ball or bat, allergic reaction, theft, tripping or falling, contact with other participants that may have infectious (communicable) diseases, physical exertion or other accidents. I further understand that before participating in this or any program, I should consult a physician for advice. By signing this form, I acknowledge all risks of loss, injury or death and affirm that I am willing to assume responsibility should loss, injury or death result from them. I also agree to follow all rules and procedures of the program and to follow reasonable instructions of the teachers and supervisors of the program. Furthermore, in return for the opportunity to participate in this program, I agree for myself, and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment from the Town, its employees or its agents for bodily injury, death, or other loss resulting from this program, and to release those parties from any liability for damages resulting from the loss, injury or death. I understand that no insurance coverage is provided by the Town of Garner.

### Permission to Use Image:

I grant the Town of Garner permission to use, for any legitimate reason, any photographs, motion picture or recording of my participation in this activity.

### Participant Signature or Signature of Parent/Guardian if Child is Under 18:

_____ Date: _____