

Winterville Parks & Recreation Registration Form

2936 Church Street • Winterville, NC 28590
PO Box 1459 • Winterville, NC 28590
(252) 756-1487



Player Information:

Participant Name _____ Home Phone (____) _____
Street Address _____
City _____ State _____ Zip _____
Gender _____ Age _____ Date of Birth _____
E-mail address _____

Program/Course Title	Begin Date	Program Fee

If you played on a team last season, please indicate the team name here: _____

Accessibility: People with disabilities who require special accommodations must contact the Parks and Recreation Department two weeks prior to the start of the program so preparations can be made.

Parent/Guardian Information:

Father's/Guardians Name _____ Home Phone (____) _____
Mother's/Guardians Name _____ Home Phone (____) _____

Medical/Emergency Information:

Emergency Contact _____ Relationship _____
Home Phone (____) _____ Cell Phone (____) _____
List any medical conditions/allergies _____

Uniform: (athletic programs only) **Jersey:** (circle choice) Youth: S M L Adult: S M L XL **Hat:** One Size Fits All

WAIVER OF LIABILITY AND DISCLAIMER: I/We, the parent(s) or legal guardian(s) of the above named candidate(s) for a position on a Winterville Parks and Recreation team or program, hereby give my/our approval to participate in any and all league/program activities, including transportation to and from the activities. I/We know that participation in this activity may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Winterville Parks and Recreation, members, the organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claim arising or any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear. I/We also hereby give permission to the Town of Winterville to use photographs of the participants for the promotion of the Department recreation programs and events.

_____/_____/_____
Father's/Guardian's Signature Date Mother's/Guardian's Signature Date

EMERGENCY MEDICAL AUTHORIZATION: I/We, the parent(s) or legal guardian (s) of the participant, a minor, hereby authorize the managers, coaches, or parents of team members or Department Staff acting in the capacity of activity supervisor's/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency I hereby authorize treatment and/or care by any qualified, licensed physician who is available.

Signed _____ Date ____/____/____ Ins. Carrier _____

FOR DEPARTMENT USE ONLY:		Date Received ____/____/____
PAYMENT: Cash _____	Check _____	Check # _____ Refund Date ____/____/____