



# HUNTERSVILLE PARKS AND RECREATION

## Registration and Waiver Form

**\*\* Note: Fee must accompany Registration form to be accepted \*\***

Program for which you are registering: \_\_\_\_\_

Name of participant: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Mecklenburg: Yes / No

Date of Birth: \_\_\_\_\_ Grade in school: \_\_\_\_\_ age: \_\_\_\_\_ sex: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Please list any allergies (drugs, plants, animals, etc.), medical conditions, restrictions or necessary special accommodations which the instructor or director should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

### Parental/Participant Consent Release and Waiver

I (or my child/ren) am voluntarily participating in the program, class or event written above. In return for the opportunity to participate, I voluntarily for myself (or child/ren) waive, release, indemnify and hold harmless the Town of Huntersville, its employees, and contractors from any liabilities, claims, damages, injuries, losses, and expenses including reasonable attorneys fees and costs whatsoever, including those for personal injury, death, or property damage, which may arise from or in connection with participation in this program, class or event.

If this registration is for one of my minor children, I hereby consent to emergency treatment and transportation of my minor child for any condition that may arise from or in connection with participation in the program, class or event and I shall be responsible for the payment of all costs associated with such emergency treatment or transportation.

Furthermore, I hereby give permission to the Town of Huntersville to use any photographs taken by the Town of Huntersville, its officers, employees or agents of, either me or my child/ren, during participation in this program, class or event. I agree such photographs shall be the property of the Town of Huntersville and I am not entitled to compensation of any kind for use of such photographs.

I agree to abide by all Town ordinances and Parks and Recreation rules and regulations and understand that the Town of Huntersville has the right to close registrations and to change fees and requirements when necessary. This release shall remain in effect until cancelled in writing.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date