

Winston-Salem Recreation & Parks Program Registration Form

Program Information

Program Title: _____ Facility Name _____

Participant Information

Name: _____ Age: _____ Birthday: ____/____/____

Address: _____ Email: _____

City: _____ Zip Code: _____

Primary Phone #: _____ Secondary Phone #: _____

Gender: Female Male Shirt Size: Youth _____ Adult _____

I would like to receive the following emails: ALL Flyers, brochures, etc. Instructors None

Parent/Guardian Information

Complete if participant is a minor

Name: _____ Relationship: _____

Address: _____ Email: _____

City: _____ Zip Code: _____

Primary Phone #: _____ Secondary Phone #: _____

Emergency Contact

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Medical Conditions

Liability Waiver: I am/my child is participating in the indicated program and I release, absolve, clear, hold harmless and waive the responsibility of the City of Winston-Salem, Recreation and Parks Department, Staff and Volunteers of risks and hazards incidental to the implementation of this program.

Photo Waiver: By participating in this public program, the participant (parent/guardian) acknowledges and gives permission for his/her (child/dependent) image/likeness to appear in group photos used by WSRP in promotional material (printed and/or social media).

Refund Policy: **NO** refunds will be granted within two weeks of the beginning of a program. Refund requests **MUST** be presented in writing to the facility supervisor and pending approval of the Administration.

Parent/ Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Receipt #: _____ Amount Paid: _____ Cash Check Credit Card Other

Staff Signature: _____ Date _____ Facility _____