

# 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 #: \_\_\_\_\_

Shirt Size:  Youth \_\_\_\_\_  Adult \_\_\_\_\_

## 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 \_\_\_\_\_