

Farmville Parks & Recreation Department Program Registration Form

PROGRAM NAME:

PLEASE COMPLETE ALL INFORMATION AND PRINT CLEARLY

FIRST NAME:		LAST NAME:	
ADDRESS:			
CITY:	STATE:	ZIP:	
PRIMARY PHONE NUMBER:		E-MAIL:	
DATE OF BIRTH:	AGE (as of today):	SEX (please circle): MALE FEMALE	
E-MAIL ADDRESS:			
PARENT FIRST NAME:		PARENT LAST NAME:	
PARENT DATE OF BIRTH:		SECONDARY PHONE NUMBER:	
If you would like to opt into our text messaging notification please provide your wireless carrier.			

MEDICAL INFORMATION (allergies, special medications, instructions, etc.)

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IN CASE OF AN EMERGENCY, CONTACT/CALL:

NAME:	RELATIONSHIP:
PHONE:	

PERMISSION, RELEASE, AND ASSUMPTION OF RISK

In consideration of my child being allowed to participate in _____ sponsored by the Farmville Parks and Recreation Department (FPRD), I hereby assume all risk and release the Town of Farmville, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connect with my participation. I intend this release to be binding not only for myself, but also for my family and all legal successors in interest.

I hereby grant permission to the Town of Farmville to use, for promotional purposes, photographs and video images taken of my child while participating in this program. Please check the box if you do not concur.

For the safe enjoyment of this program by all participants, the FPRD have established rules and regulations and I agree that if I am injured, I hereby give permission to the physician or medical personnel selected by the FPRD staff to hospitalize, secure the proper treatment or medication, and to take whatever medical actions are necessary to treat me, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

(PLEASE PRINT) Name of Participant/Guardian **DATE**

Signature of Participant/Guardian **DATE**

Mail to: Farmville Parks & Recreation, PO Box 86, Farmville NC 27828