

# FAISON PARKS AND RECREATION DEPARTMENT

## SUMMER CAMPS REGISTRATION FORM

184 PARK CIRCLE FAISON, NC 28341

OFFICE: 910-267-0115 FAX: 910-267-1848

NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ CURRENT AGE \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT'S NAME \_\_\_\_\_ PARENT'S NUMBER \_\_\_\_\_

EMERGENCY CONTACT (other than parent)

NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

### CHECK ONE:

- Basketball
- Select Basketball
- Volleyball
- Soccer
- Softball
- Cheerleading

- \* All Camps Cost \$40 for 4-Day Camp  
\$35 per child for families with more than one child attending
- \* 2 Day Select Basketball Camp: \$40
- \* 1 Day Clinics: \$15
- \* Cheerleading Camp \$40 / \$35 for more than one child

I, \_\_\_\_\_, AGREE TO HOLD HARMLESS THE FAISON PARKS AND RECREATION DEPARTMENT, TOWN OF FAISON, ITS AGENTS AND EMPLOYEES OF ANY PERSONAL OR PROPERTY LIABILITY AND/OR PERSONAL INJURY WHILE PARTICIPATING IN THIS CAMP, PROGRAM OR ATHELETIC EVENT. IN THE EVENT OF INJURY OR ILLNESS TO THE PARTCIPANT, WHERE IN THE JUDGEMENT OF FAISON PARKS AND RECREATION DEPARTMENT STAFF OR VOLUNTEERS, EMERGENCY TREATMENT IS REQUIRED, MY PERMISSION IS GRANTED TO OBTAIN IMMEDIATE MEDICAL CARE. I AGREE TO BE RESPONSIBLE FOR ALL EXPENSES THAT ARISE OUT OF SUCH ACTIONS.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature \_\_\_\_\_  
(Participant or Parent/Guardian if under age years)

Date \_\_\_\_\_

### OFFICE USE ONLY

Date Received \_\_\_\_\_ Fee \_\_\_\_\_ Date Paid \_\_\_\_\_

Receipt # \_\_\_\_\_ Staff Signature \_\_\_\_\_