

All registration is conducted at the administrative offices of the Recreation & Parks Department located in the Century Center or additional designated registration sites.

Walk-in registration is accepted on a first come, first serve basis. Mail in registration is processed after walk-in traffic.

You may register in person or by mail. If you come in the office to register, a form is not needed. If you want to mail in a registration; complete the form below and mail along with a **check** made payable to the Town of Carrboro. **We cannot accept forms prior to the registration dates.** You will be notified if the program is full, canceled or changed and receipts will be mailed.

**CARRBORO RECREATION AND PARKS DEPARTMENT
MAIL IN REGISTRATION FORM**

Please Print

Last Name: _____ Phone (H) : (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

County: _____ Main Contact E-mail Address: _____

Main Contact (First Name): _____ M/F DOB: ___/___/___

Phone (W) : (_____) _____ Adult: _____ M/F DOB: ___/___/___

Phone (W) : (_____) _____ Adult: _____ M/F DOB: ___/___/___

Child: _____ M/F DOB: ___/___/___

Participant Name	Code/Activity	League	Team or Team Placement	Fee

- During activities where parents are a part of the supervision process, we ask that parents be responsible for their children before, during, and after any event or activity. This is due to the nature of public recreation programs and the heavy emphasis placed on the use of volunteers. We feel that it is important to communicate this to you since supervision must be the parent's responsibility and cannot be reasonably imposed upon volunteers or employees working with the various programs. Please make certain that your child is adequately supervised at all times. In agreeing to take this responsibility as a parent we believe that your child's participation in our youth recreation program will be a safe and rewarding experience.
- During activities where parents are not a part of the supervision process, we ask that parents be responsible for their child before and after any event or activity.
- Special requests (car-pooling, team placement, scheduling, etc.) are not guaranteed.
- A valid proof of age may be required for participation in some Athletic programs.
- Photographs may be taken of Carrboro Recreation and Parks Department programs/participants and used for Town of Carrboro promotional purposes.

ACKNOWLEDGMENT, MEDICAL RELEASE, AND WAIVER OF LIABILITY:
(To be signed by participant or guardian if participant is under 18 years old.)

I hereby acknowledge my receipt and understanding of the information disclosed on my registration form. I hereby grant permission to the Carrboro Recreation and Parks Department volunteers or Town employees to obtain medical care from any licensed physician, hospital, medical clinic or emergency medical service organization for the individuals named on my registration forms at such times as deemed necessary for physical health purposes. I waive all claims against and agree not to sue the Town of Carrboro, its officers, agents, and employees as a result of participation in the activities registered for including any decision or action regarding medical care for me or member of my family.

Print Name: _____ Signature: _____ Date: ___/___/___

Staff initials: _____ Registration #: _____

SPECIAL INSTRUCTIONS TO STAFF

Signature: _____ Date: _____

Department Use Only
Amount paid _____
Check # _____ Cash _____
Staff _____ Date _____