

# Town of Cary Parks, Recreation and Cultural Resources Department Program Registration Form

## Main Contact (Information provided may be subject to the NC Public Records Law.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Male  Female      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_      Are you a Cary Resident?  Yes  No  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ \*Email \_\_\_\_\_  
 1st Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Non Household Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Registration Receipt: I would like my receipt (please check one)  emailed (valid email address required)  printed/mailed  
 \* By providing my email address I agree to receive email communication from Town of Cary.

## Participant #1 Information

Participant #1 Name \_\_\_\_\_  Male  Female  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_      Rising Grade (Summer Camps) \_\_\_\_\_  
 Is this person allergic to anything? \_\_\_\_\_ Currently taking any medications? \_\_\_\_\_ Have any special needs? \_\_\_\_\_  
 If answered yes to any of these questions, please explain in detail: \_\_\_\_\_

Programs are provided for people of all abilities. If you need a reasonable modification, please check YES below and complete the registration at least two weeks prior to the start of the program/class. Each request will be assessed in compliance with ADA.  YES

Course Code	Program Name	Location	Date	Time	Fee <sup>1</sup>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Participant #2 Information

Participant #2 Name \_\_\_\_\_  Male  Female  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_      Rising Grade (Summer Camps) \_\_\_\_\_  
 Is this person allergic to anything? \_\_\_\_\_ Currently taking any medications? \_\_\_\_\_ Have any special needs? \_\_\_\_\_  
 If answered yes to any of these questions, please explain in detail: \_\_\_\_\_

Programs are provided for people of all abilities. If you need a reasonable modification, please check YES below and complete the registration at least two weeks prior to the start of the program/class. Each request will be assessed in compliance with ADA.  YES

Course Code	Program Name	Location	Date	Time	Fee <sup>1</sup>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Payment Information

MAKE CHECKS PAYABLE TO "Town of Cary"



<sup>2</sup> Scholarship Donation \$ \_\_\_\_\_

<sup>1</sup> Nonresident, pay fee indicated in program description.

<sup>2</sup> I would like to donate \$1 or more to the scholarship fund. See registration information for more details.

TOTAL AMOUNT DUE \$ \_\_\_\_\_

### WAIVER

I, for myself or as parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I release, absolve, and indemnify the Town of Cary, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. **I understand that no insurance coverage is provided by the Town of Cary Parks, Recreation and Cultural Resources Department.** By registering for this program, I understand and agree that if a portion of the program is unable to be completed due to inclement weather or other unforeseen circumstances, I will receive a prorated credit on my account for the uncompleted portion of the program. Further, I understand and agree that I have up to one year to use the credit and if it is not used within the one year, the credit will be donated on my behalf to the PRCR Scholarship Fund.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REGISTRATION FORM