

**Carolina Beach Parks & Recreation Center
Day Camp Registration Form**

PARTICIPANTS NAME: _____ MALE / FEMALE

ADDRESS _____

CITY: _____ ZIP CODE: _____

PHONE#: _____ CELL# _____ DATE OF BIRTH: ___/___/___

AGE: _____ GRADE: _____ SCHOOL: _____

PARENTAL PERMISSION

As the parent or legal guardian of _____
I hereby give my consent for his/her participation in the Town of Carolina Beach Parks and Recreation Activity.

I am aware of the risks and hazards inherent in this activity, and assume all of the risks of damage, or injury, including death, that may be sustained while participating in this activity.

I therefore, release any and all rights or claims for damages against the Town of Carolina Beach, and all individuals assisting in instruction, or conducting these activities, for any and all injuries, loss, or damage suffered by me or my child, at, or in any way connected with these activities.

I understand that my child should wear proper attire to reduce the risk of injury. Children who arrive at camp in improper attire for the day will be sent home until the criteria is met. Proper attire is defined as: closed-toed shoes (no flip-flops allowed), short/pants, and a loose t-shirt.

THERE WILL BE NO REFUNDS OR TRANSFERS ON MONEY PAID

SIGNATURE: _____ DATE: _____

RELATION TO PARTICIPANT: _____

ARE THERE ANY MEDICAL CONDITIONS OR MEDICATION OF WHICH WE SHOULD BE AWARE? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ HOME PHONE: _____

ADDRESS: _____

WORK PHONE: _____ CELL PHONE: _____