## ORANGE COUNTY DEPARTMENT OF ENVIRONMENT, AGRICULTURE, PARKS AND RECREATION REGISTRATION FORM



Payment is required at time of registration, mail payment and registration to OCPR, PO Box 8181, Hillsborough, NC 27278 919 245-2660



PARTICIPANT'S NAME	DATE OF BIRTH	PROCERAM		NAME and NUMBER	
			Adult Men's Basketl Winter) <i>OR</i> #63210		
ADDRESS_	CITY, S	TATE, ZIP			
HOME PHONE #() COUN	NTY	EMAIL			
IF PARTCIPANT IS UNDER 18 YEARS OF AGE MOTHER/GUARDIAN	WOI	<b>2K</b> #()	CELL #(	)	
IF PARTCIPANT IS UNDER 18 YEARS OF AGE FATHER/GUARDIAN	WOI	RK #()	CELL #(	)	
EMERGENCY CONTACT PERSON		PHONE #()			
PHYSICAL CONDITIONS OR MEDICATIONS					
HOW DID YOU HEAR ABOUT THIS PROGRA	M? Program	Guide School Flye	r Direct Mailing	Internet Other	
and Recreation (DEAPR), and any and all employed arising out of actions of the above said employed transportation of myself/my child by above said part of this Orange County DEAPR program. It cognitive conditions that may hinder me/my child I further understand that individual accident and DEAPR or any sponsoring agent.  MEDICAL RELEASE - This is to certify that I activity, hereby grant permission to the adult vollicensed physician, hospital, or medical clinic for guardian cannot be contacted in person or by teleperiod required to travel to and from those activity hold harmless Orange Count, Orange County DEAPR.	es or agents. To employees or a have informed (d's participation general liability). It participant abounteer or super the participant ephone. This auties; and we do	o the extent allowed gents to and from so Drange County DEA in in the program or in insurance coverage ove, or parent of ab visor of the program in named herein at su athorization shall in hereby waive, relea	by law, I also consuch programs or activity.  The is not provided by the cover participant in the country as either packed all activities, ase, absolve, indem	sent to the tivities conducted as aysical and/or by Orange County  the Orange County care from any parent or legal including the unify and agree to	
supervisors, participants, and person transporting injury to the participant.			•	~	
<b>PHOTO POLICY</b> - Orange County DEAPR republicity purposes. Photographs may also be sha	-		publish photograpl	ns of participants for	
PARTICIPANT SIGNATURE (IF UNDER 18 PARENT/GUARDIAN MUST SIGN)		DATE			
TEAM NAME		CAPTAIN'S NAME	·		