

**ORANGE COUNTY DEPARTMENT OF ENVIRONMENT, AGRICULTURE, PARKS AND RECREATION**



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



PARTICIPANTS NAME	DATE OF BIRTH	SEX	PROGRAM NAME AND NUMBER	CIRCLE SHIRT SIZE
				YS YM YL AS AM AL XL XXL
				YS YM YL AS AM AL XL XXL
				YS YM YL AS AM AL XL XXL

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ COUNTY \_\_\_\_\_ EMAIL \_\_\_\_\_

IF PARTICIPANT IS UNDER 18 YEARS OF AGE

MOTHER/GUARDIAN \_\_\_\_\_ WORK #(\_\_\_\_) \_\_\_\_\_ CELL #(\_\_\_\_) \_\_\_\_\_

IF PARTICIPANT IS UNDER 18 YEARS OF AGE

FATHER/GUARDIAN \_\_\_\_\_ WORK #(\_\_\_\_) \_\_\_\_\_ CELL #(\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE #(\_\_\_\_) \_\_\_\_\_

PLEASE LIST ANY DISABILITIES AND/OR MEDICATIONS \_\_\_\_\_

(Athletic Programs Only) WOULD YOU BE A HEAD COACH? YES \_\_\_ NO \_\_\_ ASST. COACH? YES \_\_\_ NO \_\_\_

DO YOU HAVE A SIBLING PLAYING IN THE SAME SPORT IN THE SAME AGE GROUP? \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS PROGRAM? Program Guide, School Flyer, Direct Mailing, Web Site, Email, Past Participant, Word of mouth, Other \_\_\_\_\_

**LIABILITY RELEASE** -In consideration of my/my child's participation in the aforementioned Orange County program or activity, I hereby release and discharge Orange County, Orange County Department of Environment, Agriculture, Parks and Recreation (DEAPR), and any and all employees or agents thereof from all claims of any kind or nature whatsoever arising out of actions of the above said employees or agents. To the extent allowed by law, I also consent to the transportation of myself/my child by above said employees or agents to and from such programs or activities conducted as part of this Orange County DEAPR program. I have informed Orange County DEAPR staff of any physical and/or cognitive conditions that may hinder my/my child's participation in or enjoyment of the program or activity. I further understand that general liability insurance coverage **is not** provided by Orange County DEAPR or any sponsoring agent.

**MEDICAL RELEASE** - This is to certify that I (participant above), or parent of above participant in the Orange County activity, hereby grant permission to the adult volunteer or supervisor of the program to obtain medical care from any licensed physician, hospital, or medical clinic for the participant named herein at such times as either parent, legal guardian, or emergency contact cannot be contacted in person or by telephone. This authorization shall include all activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless Orange County, Orange County DEAPR, any sponsoring agent and any volunteer; the organizers, supervisors, participants, and person transporting the player to and from those activities, for any claim arising out of any injury to the participant.

**PHOTO POLICY** - Orange County DEAPR reserves the right to photograph and publish photographs of participants for publicity purposes. Photographs may also be shared with the program instructors.

**REFUND POLICY** - Program fees are 100% refundable when the program is cancelled by the department. If requested prior to seven days in advance of the first program date, a full refund less a \$5 administrative fee will be given. If requested between two and six days of the start of the program, a 50% refund less \$5 will be given. No refund will be given if requested less than two days before the start of the program. No administrative fee is charged if a household credit is accepted.

\_\_\_\_\_  
**PARTICIPANT SIGNATURE**  
**(IF UNDER 18 PARENT/GUARDIAN MUST SIGN)**

\_\_\_\_\_  
**DATE**