

Registration Form ▶ Please complete one form per person. Make copies as necessary.

Are you a Wake Forest Resident? Yes / No Gender M F Date of Birth _____ Age _____

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Email Address (Optional) _____

I would like to receive occasional email communications about Town of Wake Forest programs, services, and special events. By agreeing to receive email communications about Town of Wake Forest programs, services, and special events, I understand my email address WILL NOT be disclosed to any other organization and I may unsubscribe to the service at any time.

ATHLETIC LEAGUES AND SUMMER SPORTS CAMPS REGISTRANTS ONLY: School _____ Grade _____

Father's Name _____ Day Phone _____ Mother's Name _____ Day Phone _____

Jersey Size (circle): Youth M Youth L Adult S Adult M Adult L Adult XL

Pants Size (circle): Youth M Youth L Adult S Adult M Adult L Adult XL

COACHING VOLUNTEERS (head coach) Dad Mom Both

Name(s) of sibling(s) in same age group/league, if any _____

Parent/Guardian Name(s) _____ (H) Phone _____ (W) Phone _____

Emergency Contact _____ (H) Phone _____ (W) Phone _____

Special Needs: The Wake Forest Parks & Recreation Department will attempt to provide accommodations for program participants when the need for accommodation is requested within two weeks. To insure a medically safe and appropriately planned program, please list any special need or precaution which may require program accommodations for participating (i.e., visual or hearing impairment, mental or physical disability, heart condition, history of seizures, asthma, ADD, etc) _____

Physician Name _____ Phone _____

Known Allergies _____

Current Medications _____

Program Title	Starting Date	Day	Time	Fee

Parent/Guardian and Adult Participation Agreements: I, _____ (parent/guardian), do hereby give my permission for _____ (participant) to participate in the program offered by the Wake Forest Parks and Recreation Department known as _____.

By signing this document, I hereby absolve the Town of Wake Forest and any individuals, groups, or organizations officially connected in any manner with the above stated program of all liabilities concerning personal injury, property damage, equipment loss, or death. I realize that transportation to and from the program is my responsibility, and that if anyone connected with the program transports my child on my behalf, I will hold the party/parties involved blameless of any accident or injury that may occur. Such absolution is to be binding when the above individuals are acting within the scope of the activity. I hereby accept the instructor, supervision, facilities, and equipment, as being satisfactory for the program activity named above. I understand that insurance coverage is my /our responsibility, and I/we certify that I/we have read and agree to the terms stated above and that all information provided is correct to the best of my/our knowledge.

Photo Release: Your likeness may be captured by the Town of Wake Forest for use in promotional, news, or informational media. Your participation in this activity implies your consent. If you do not wish for your photo to be used, please contact the Parks & Recreation Department at (919) 554-6180.

Refund Policy: Class fees and athletic fees are 100% refundable when the class or league is canceled by the Wake Forest Parks & Recreation Department. Anyone wishing to withdraw from a class that has not been cancelled by the Wake Forest Parks & Recreation Department must request a refund, in writing, at least five business days in advance before the scheduled start of the class or first practice. Refunds will not be given for withdrawals made less than the five working day period other than for verified medical/hardship cases.

Non-Discrimination Policy: The Wake Forest Parks & Recreation department does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in employment opportunities or the provision of services, programs, or activities. A participant alleging discrimination on the basis of any of the aforementioned areas may file complaint with the Director of the Wake Forest Parks & Recreation Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC 20240.

Registration Process: Complete and sign registration form
Return form and full payment by mail or in person.
401 Elm Avenue, Wake Forest, NC 27587

Total Enclosed: \$ _____
Make check or money order payable to:
Town of Wake Forest

Parent/Guardian/Adult Participant Signature _____ Date _____

**REGISTRATION FOR ATHLETIC PROGRAMS WILL BE ACCEPTED ONLY DURING ADVERTISED REGISTRATION PERIODS!
NEW PARTICIPANTS MUST PRESENT A BIRTH CERTIFICATE ALONG WITH THE REGISTRATION FORM IN ORDER FOR THE REGISTRATION TO BE PROCESSED.**

OFFICE USE ONLY

Date Received _____ Fee Paid _____ Received By _____

Cash _____ Check _____ Birth Certificate _____ Attached _____ On File _____

New Participant Returning Participant